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ABSTRACT

This curriculum guide is designed to assist anyone involved in the organization of self-help mutual aid groups among older persons, based on the assumption that those to be affected must be involved. There are four major sections in the guide which speak to background issues; training of organizers in terms of their roles and functions; four crucial areas of development of self-help mutual aid including health and mental health, safety, consumer education, and aid for the homebound; and supplemental resources of training ideas and techniques. Each of the training designs is organized according to its purpose, objectives, techniques, materials, expected outcomes, trainers, and resources. Suggestions for content format and training techniques are also provided. (Author/HLM)

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BUILDING SELF-HELP GROUPS AMONG OLDER PERSONS

A Training Curriculum to Prepare Organizers

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with

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U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
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PART I. OVERVIEW OF THE CURRICULUM

INTRODUCTION

This curriculum prepares people to organize self-help mutual aid groups among older persons. It starts from the assumption that those to be affected must be involved. The self-help approach builds on people's strengths and honors their experiences.

Effective training involves both trainers and trainees. During the training sessions organizers of self-help groups explore ways to involve older persons in helping one another, in both giving and getting, and in addressing some of the problems and concerns they face. Older persons in self-help groups will then be able to deal with their problems, needs and interests in a manner which breaks down isolation and feeings of helplessness and empowers them.

Self-help groups are neither a panacea nor a replacement for necessary professional services. Larger efforts are needed at a broad level of society to address many major concerns of older persons. Self-help mutual aid is, however, an important part of a national policy which sees older persons as adults who have needs and who are able to help each other find ways to meet many of those needs.

We are firm advocates of this policy and believe that this training program will help to organize such self-help groups. Older people from all over the country have assisted New Careers Training Laboratory in refining the curriculum and making it as relevant as possible to the needs of older persons. But every community has its own special needs and priorities. We hope readers will adapt this curriculum to their own particular situations and use it as a starting point for building or strengthening local self-help groups among older persons.

Alan Gartner
Project Director

ACKNOWLEDGEMENTS

A project of this scope depends upon the cooperation of a great number of people. We can only begin to thank some of these people here.

Probably our greatest debt is owed to the participants in New York City, Cleveland, and San Antonio who went through various versions of the training outlined in this curriculum. Without the actual feedback from these people, this document would be much less practical and useful to those who wish to use it in the field. We thank the participants for their patience in putting up with us in what was truly a mutual learning experience for us as well as them. We learned as much (or more) from them as they did from us. And, quite fortunately, they learned a great deal (perhaps the most) from each other. That, in a nutshell, is the way self-help mutual aid groups are supposed to work—the members of the group become resources for each other.

At the Administration on Aging, Richard Schloss and Jeanette Pelcovitz were extremely helpful in providing support, assistance, and criticism when it was needed. In New York City, Commissioner Alice Brophy of the New York City Department for the Aging and Commissioner Gladys Harrington of the Human Resources Administration were helpful in connecting us with various agencies in the City, as was Dick Cassidy. Gail Cotton of Mississippi State University gave a detailed, useful critique. In Cleveland, Anna V. Brown, Executive Director of the Mayor's Office on Aging and Hortense Mitchell, also at the Mayor's Office on Aging, were extremely gracious in allowing us to use Cleveland as a laboratory for trying out the training curriculum. Kyriakos Markides also was a fine host who invited us to come to San Antonio for another tryout of some of the material in the curriculum. The Cleveland and San Antonio experiences were very helpful in broadening the geographical and ethnic appeal of some of the material we have used.

At the Graduate School and University Center of the City University of New York, a number of our colleagues were helpful in our work. Neil McCluskey (Director, Center for Gerontological Studies); Max Weiner (then-Director, Center for Advanced Study in Education); and Paula Carien (Director of Sponsored Research) each made contributions.

Members of the project's Advisory Council (list of members attached) not only read and commented upon draft material but also are committed to implementing some of the basic ideas embodied in the curriculum itself in their own work.

When specialized knowledge or information in a particular area was needed, we called upon a number of different consultants. We want to thank the consultants who provided us with very helpful information during the New York City training sessions: Marc Herman, Toby Kurzband, Paul Lanagan, Marian Scroge, Rick Serpin, Sue Wilcox, and Tom Wolfe.

As has been our practice in the past, we drew heavily upon the extensive experience of our colleagues at the New Careers Training Laboratory during this project. Vivian C. Jackson and William Lynch, Jr. provided invaluable insight and help in preparing some of the training sessions. Tita Beal-Krueger, Susan Podbielski, and Susan Schulz greatly improved the text by sharpening its language and cutting out the deadwood we so often left in our writing. Loretta Jenkins, Ethel Mingo and Rosemary Washington were extremely patient in typing and retyping material for the curriculum. Friends whom we have always relied upon, Ed Lander and Themla Reid were again helpful as was Renelda Higgins in providing graphics and layout.

But in the final analysis, the most important collaborator in this project has not yet made a contribution to it. That person is you, the reader. The real value of this curriculum is when it is used to train organizers who will actually go out and organize self-help mutual aid groups.

PROJECT ADVISORY COMMITTEE

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CURRICULUM CONTENT

The development of curriculum in one place for use elsewhere is a process that is, in a sense, inherently flawed. For a curriculum to be useful to people in the field it must be tailored to their needs and their reality.

We offer here the basic ingredients of a training program to prepare persons to develop self-help mutual aid groups among older persons, but those ingredients must be fashioned in the local setting to fit local needs.

There are four major sections:

1. The Older Person in Contemporary Society (Part II);
2. Training Organizers of Self-Help Groups Among Older Persons: Background and Rationale for Fostering Development of Self-Help Mutual Aid Groups (Part III);
3. Organizing Self-Help Groups Among Older Persons in Four Crucial Areas (Part IV); and
4. Increasing Training Capability Within Agencies/Organizations Serving Older Persons (Part V).

Part II frames the issues, providing background concerning olders in contemporary society. Parts III and IV are the heart of the curriculum. Part III presents materials about self-help mutual aid groups, the roles they can play, their various designs, the functions of an organizer, how to get started, how to develop the group, how to maintain the group. Part IV presents material concerning four crucial areas of development of self-help mutual aid—health and mental health, safety, consumer education, and self-help mutual aid for the homebound elderly. Part V presents a digest of training ideas and techniques.

In both Parts III and IV, we present proposed designs for the training sessions, training suggestions, and brief content sections (with references to additional material).

DESCRIPTION OF THE CURRICULUM

It may be helpful for us to share our ideas about the ways this curriculum might be used.

It is addressed primarily to trainers of persons who will organize self-help mutual aid groups among older persons. We have sought to provide all the material necessary for the conduct of a series of training sessions—both content about self-help mutual aid and about the four areas of health and mental health, safety, consumer affairs, and the homebound elderly.

We envision many different types of organizations sponsoring this training, such as area agencies on aging, city or county aging offices, colleges or universities, health and welfare councils, community action agencies, social welfare agencies, senior centers or local churches.

The trainees are the persons being prepared to organize the self-help mutual aid groups. Our experience is that the organizational work can best be done from an institutional base which can be in a senior center, a nutrition program, a social welfare agency, a community action agency, a union, a "Y" or settlement house, a civic group, a block or neighborhood group, a church, synagogue or mosque, a sisterhood or brotherhood, a "retirees" group.

Organizers can be young or old, staff persons in agencies or volunteers, with professional experience or without. We have found that these are not the crucial factors. Factors which are important include: commitment to the concept of self-help mutual aid, especially the idea that strength lies within the group and its members; willingness to learn new techniques; willingness to do the hard and sustained work involved in organizing; and the existence of an institutional base.

As to the trainers, while training in training and previous experience in training would be desirable, we do not believe that only professional trainers can conduct these sessions. Some training experience would be helpful. Part V of the curriculum includes considerable information about training, and for each of the sessions in Parts III and IV there are detailed descriptions. For the new trainer it will be best to follow carefully the session descriptions.

The organizers and trainers using this curriculum will need to consider how best to use it in the context of their communities. Any training program concerning the organization of self-help mutual aid groups among older persons will need to address the broad topics of Parts II, older persons in contemporary society; III, self-help mutual aid among older persons; and IV, the particular areas of work. How much attention is to be devoted to each of these broad areas must be decided locally based on the total time available and the prior knowledge of the trainees. Similarly, decisions will be needed about focus and attention within the broad areas.

Once the general areas of interest are determined, then more detailed plans will be needed—length of training program, scheduling, frequency and times of sessions, size of group, and location of training. (Part V discusses these topics in greater detail.)

The missing ingredient in this training curriculum is you, the user. Use what we have prepared as it best fits your needs, shape and reshape it, make it into a design useful to you. In other words, make it *your* curriculum. And remember, the goal is the preparation of people who can and do organize self-help mutual aid groups among older persons.

HOW TO USE THIS CURRICULUM

How you use this curriculum depends on your role in the self-help program as well as on the particular needs of people in your community.

YOUR ROLE

The curriculum was first developed for people who would be training the organizers of self-help groups among older persons. When the curriculum was tried out, however, it became clear that the organizers could use it to train themselves in more effective ways of setting up and developing self-help groups. In addition, members of self-help groups wanted the option of reviewing the curriculum and using any parts which might help them understand how to work through self-help groups more fully.

This section, therefore, will suggest different ways in which you can use this curriculum, depending on whether you are a

- coordinator or trainer of self-help group organizers
- organizer of a self-help group(s)
- member of a self-help group.

COORDINATOR/TRAINER: If you are supervising the efforts of people who are organizing (or planning to organize) older persons into self-help groups, you will probably wear a variety of hats. In addition to your administrative duties, you may do one or more of the following jobs: recruit and select organizers and/or self-help group members . . . provide orientation for organizers . . . conduct formal training sessions for organizers . . . give informal coaching and training to organizers in small groups or on a one-to-one basis . . . attend a self-help group meeting and provide follow-up counseling to the organizer on what you think went well and what needs improvement . . . organize one or more self-help groups directly (not through organizers) . . . assist organizers in any or all of the key phases of self-help group organization from recruitment and assessment of community needs to group action on critical issues.

The suggested training sessions in this curriculum will help you carry out these and other activities. You can follow the session designs as they are or adapt them to fit your situation. Or you may just want to use them as a starting point from which you will develop your own training program.

ORGANIZER OF SELF-HELP GROUPS: If you are organizing one or more self-help groups, you may attend group training sessions. In some cases you will work with this curriculum on your own. You can read through the suggested sessions for organizers as a way to train yourself. You may also use some of the session topics as starting points for meetings with members of your self-help group.

MEMBER OF A SELF-HELP GROUP: If you are a member of a self-help group you may be more interested in taking action on important problems than in studying how to organize the group. But you may also be interested in finding out more about how self-help groups can be set up and what kind of action they can take on such issues as health care, safety and consumer education. You can read through the curriculum, skipping the training designs and formats and any other sections which are not immediately of interest to you.

ADAPTING THE CURRICULUM TO YOUR LOCAL SITUATION

The curriculum includes more suggestions for self-help groups than people in any one program may want to use. This was done because readers are working in very different communities all over the country. What interests one person may be irrelevant to another. The curriculum has been designed with as much flexibility as possible. You have an opportunity to select any topics of interest, adapt them to your local situation and skip over any suggestions in the curriculum which do not fit your needs. In the example which follows, you will see several suggestions about how you can adapt the curriculum to your local situation:

YOUR SITUATION	HOW TO ADAPT THE CURRICULUM
Size of your organization:	
(___) Large social service agency or religious organization, such as a nutrition site serving 200 people . . .	The larger the group, the more you may have to conduct formal, well-structured meetings. You can follow the training designs as they are.
(___) Small store-front, block association or local neighborhood group, such as an informal counseling service at a community center. . .	In smaller organizations, you have more opportunity to give informal coaching. You can use any ideas in the curriculum which seem useful, but you may be able to talk those ideas over with the people involved more informally than suggested in the training designs.
Your location:	The curriculum is flexible enough so that you can build in the specific issues, problems and priorities of your particular community.
(___) The center of an impoverished city neighborhood?	
(___) A poor rural county where "neighbor" means the first house two miles down the road?	
(___) A decaying manufacturing town whose industries disappeared or went bankrupt years ago.	
(___) A middle-income suburb where older persons are ignored or sent to rest homes.	

Your own experience:

(____) A specialist in the problems of aging, in the organization of self-help groups and/or in training...	▶	Skip any sections which give basic information you already know. Concentrate on the training designs and format notes.
(____) A volunteer who wants to do something about the problems of older persons but who has no experience in training or organizing and who does not want to read through a long curriculum...	▶	Complete the "Needs Analysis" form at the end of this section and read only the parts of the curriculum that speak directly to your needs and interests.
(____) A professional in some field other than the problems of aging and who has unexpectedly been assigned work with self-help groups among older persons, despite an already busy schedule...	▶	Review the training designs for each suggested session in Part II and pay particular attention to Session #7 so that you will be able to delegate work and share leadership among the organizers and/or self-help group members.

The experience of the organizers and self-help group members you are working with:

(____) Most people have graduated from high school, at least, but have little experience in solving their health care, safety and consumer problems and are not familiar with techniques of self-help and mutual aid . . .

(____) They may not be well-schooled, but many have very strong experience in organizing and working with groups to achieve common goals (for example, in religious groups, social clubs or community organizations) . . .

(____) Most are not well-educated or highly experienced, but they are very motivated to learn to handle the problems of older persons through self-help groups . . .

(____) They are overwhelmed by the problems of aging and have little faith that self-help groups can help anyone . . .

You will need to adapt what you do—and how you do it—to the individual needs, levels of experience and degree of motivation of the people you work with. If they are very sophisticated, you can present highlights from the training session topics to organizers or group members and then get right to work on specific issues. If they are inexperienced, you may have to spend any entire session just discussing one of the points to be covered by a session topic.

BASIC STEPS

All readers, regardless of your particular role and local situation, can follow these basic steps when using the curriculum:

1. GET AN OVERVIEW. Read the "Table of Contents" to get a general idea of what is in the curriculum. . . Read or skim any sections of Parts I and II which interest you. . . If you want a quick preview of the topics covered in the 15 suggested training sessions, flip through the pages to those with stripped edges. The purpose of each training session is decribed on these pages.

2. COMPLETE A "NEEDS ANALYSIS." Read over the questions in the "Needs Analysis" which you'll find at the end of this section. Check off the questions which you can answer with a "Yes" and turn to the sections in the curriculum for each of your needs.

3. STUDY THE RELEVANT SECTIONS. . . The ones you checked on your "Needs Analysis" form. Keep in mind that in some cases, not all the information and suggestions will match your particular situation. Skip over suggestions which are not relevant to your needs.

4. ADAPT THE CURRICULUM TO YOUR SITUATION. For some readers it will be too general, for others it will be too detailed. Therefore, note down on your copy of the curriculum:

- *What needs to be added* (such as local details, questions which will stimulate discussions, ways to enrich the suggested content)
- *What can be left out* (anything not needed or relevant to your situation)
- *What must be changed* (information which does not match local realities, or activity suggestions which may not be appropriate for your needs)

5. PRACTICE THE TIPS FROM THE CURRICULUM. If you are conducting training sessions with organizers or discussing a topic directly with members of a self-help group, "walk through" the session beforehand. You need to be familiar with the material and feel comfortable about leading group discussions on it. If you are using the curriculum to teach yourself about how to organize or participate in a self-help group on key issues, practice doing some of the activities suggested, make sure you have all the facts and materials you may need and prepare some good discussion questions which will help you kick-off your meetings.

6. TAKE ACTION. Follow the suggestions in the curriculum as well as your additional notes. Involve other people as much as possible in thinking through concepts, in making group decisions and in taking joint action. Try not to "lecture at" people. And avoid the trap of thinking that only you can do the most important jobs. As an ancient Chinese philosopher Lao-tse, observed:

> "As for the best leaders, the people do not notice their existence. The next best the people honor and praise. The next, the people fear. And the next, the people hate. If you have no faith in people, they will have no faith in you and you must resort to oaths. When the best leader's work is done, the people say: 'We did it ourselves!'"
>
> (From the 2,500 year old *Book of Tao*)

NEEDS ANALYSIS

We have discussed your role in self-help for older persons and how to use the curriculum for your special needs. We have also discussed the particular situation of your organization and community and how you can use the curriculum to meet the special needs of your situation. But so far we have given only general suggestions about how to use this curriculum.

What specific parts are most relevant to your needs? If you don't want to read every page, what is the fastest and easiest way to find what you need in the curriculum? If you would like a "road map" to help you find the most direct route to the parts of the curriculum which relate directly to your needs, check off your needs on the "Needs Analysis" form which follows and then read those sections which address your needs.

NEEDS ANALYSIS	If "YES", check:	GO TO:
• Do you want to know more about the concept of self-help and mutual aid?	(____)	PART I, Overview
• Are you uncertain about how self-help groups can be useful to older persons and how you can work with such a group?	(____)	PART I, Overview and PART II, Background
• Do you want a general description of what's in the curriculum and why it's there before you start reading about specific training sessions?	(____)	PART I, Overview
• Do you need more information about the myths versus realities of aging and about social stereotypes which limit older persons?	(____)	PART II, Background
• Are you already a specialist in gerontology and the social/physical aspects	(____)	Skim or skip PART II.
• Are you training people how to organize self-help groups?	(____)	PART III, Sessions 1-7
• Are you organizing one or more self-help groups, but not training other organizers?	(____)	PART III, Sessions 1-7. (Skip the training designs and any other instructions for trainers.)
• Are you a member of a self-help group and do you want to know more about how self-help groups are structured?	(____)	PART III, Sessions 1-7. (Skip training designs and format suggestions. Read "Content Guides" only)
• Do you need any of the following special information?		In PART III, read "Content Guides" for:
1. How to identify community needs?	(____)	Session 2
2. The role of the organizer?	(____)	Session 3
3. Recruiting members?	(____)	Session 4,5
4. Getting results from meetings?	(____)	Session 6
5. How to lead a self-help group?	(____)	Session 7

• Are you concerned about:		PART III:
1. health care?	(____)	Sessions 8-10
2. consumer issues?	(____)	Sessions 11-12
3. safety problems?	(____)	Sessions 13-14 (If you are a group member, read only "Content Guides")
• Are you working with older persons who are physically disabled or unable to move about the community freely?	(____)	PART IV, Session 15
• Do you want to develop the skills of existing organizers and/or increase the number of effective self-help organizers and self-help groups among older persons?	(____)	PART V, "Introduction" and "Planning Training Sessions"
• Do you want to know how to plan and conduct your own training sessions on other topics which are not covered in this curriculum?	(____)	PART V, "Designing Training Sessions Not Outlined in This Curriculum" and "Definition of Terms Used in the Training Design"
• Would you like to know what other resources may help you in your work?	(____)	BIBLIOGRAPHY and "FOR MORE INFORMATION . . ." at the end of the curriculum.

PART II. BACKGROUND

Aging in Contemporary Society: Rationale for Organizing Self-Help Groups Among Older People

INTRODUCTION

Before undertaking the task of organizing self-help groups among older persons, organizers will want to be clear about aspects of the aging process which are generally not well-known. In Part II, we will try to help the reader develop a better understanding of the aging process, indicate some of the societal attitudes toward aging which underlie many of the problems associated with aging, and explore means of dealing with aging more effectively in the future.

SELF-HELP MUTUAL AID AND OLDER AMERICANS

Self-help and mutual aid efforts are gaining increasing attention as activities among the population at large (Caplan and Killilea, 1976; Gartner and Riessman, 1977; Katz and Bender, 1976; "Self-Help Issue", Social Policy, 1976) and among older persons (Bowles, 1976; Hess, 1976b, Newmark and Newmark, 1976; and Sainer 1976). There are a variety of reasons for these developments, including a growing disenchantment with large formal caregiving institutions; the lessening role of traditional support systems; and the apparent efficacy of the self-help and mutual support approach. The rapid growth in the number of older persons has resulted in a much larger pool of people who either need help, or can give help, or both.

Further support for self-help mutual aid activities comes in the Report of the President's Commission on Mental Health (1978). That report both emphasizes self-help mutual aid as part of the Commission's leading recommendation concerning community support systems and calls attention to the needs of several groups, including older persons.

The effectiveness of the self-help mutual aid approach is attested to in a variety of organizations. Among them are those concerned with weight reduction (Stunkard, 1972, former offenders (Volkman and Cressey, 1963), alcoholics (Phillips, 1973), and various areas of post-surgical recovery (Gartner and Riessman, 1976a). Each of these groups focuses on a problem to be overcome or a harmful habit to break. A different type of group involves persons with a common condition who come together to form, in Gerald Caplan's term, "a new community" (Caplan and Killilea, 1976, p. 20). Such groups include the rap groups among youth (Gordon, 1976; Petrillo, 1976), widow groups (Abrahams, 1972; Silverman, 1970; Silverman, 1972), new mothers (Hansell, 1976), parents without partners (Egelson and Egelson, 1961; Gould, 1968). Similar activities take place among older persons (Hess, 1976b) and formal settings (Bowles, 1976; Sainer, 1976; Booz, Allen, and Hamilton, 1976).

Self-help and mutual aid activities appear to gain their effectiveness from a variety of factors (Riessman, 1976). One of the most powerful mechanisms operative in the self-help groups has been described by Riessman (1965) as the "Helper Therapy" principle. This principle states that those who help are helped most. Since all members of the group play the helping role at one time or another, they are all benefitted by this helping process. In helping others, persuading them to do or not to do something, the helper must also persuade him- or herself. Becoming committed to a position by advocating it (self-persuasion by persuading others) seems to be an important dimension associated with the helper role. Further, in playing the helper role, the individual is more independent; the helper has a chance to observe how another person may handle a problem; the helper gains a feeling of social and personal usefulness; and the involvement of helping others can divert the helpers from their own problems and from a general overconcern with themselves.

Although some self-help mutual aid groups are connected with formal caregiving systems,* most of these groups have grown up outside of (indeed, often in opposition to) these formal systems. In gerontology, a field where the demand for services far exceeds the current supply, the group approach of self-help mutual aid has proven itself to be an efficient means of reaching large numbers of people. Research about self-help groups (Gartner and Riessman, 1977; Wechsler, 1961) indicates that they reach persons often unserved by formal caregiving systems. The approach has shown itself to be effective and cost-efficient. It is also adaptable to all kinds of settings serving older people—senior centers, nutrition programs, housing projects, health facilities, ACTION programs. Since no elaborate facilities are necessary for such activities, they can be easily established in rural and urban communities.

The concept of self-help mutual aid goes against the stereotype of the aged as dependent, incapacitated, nonproductive. Such views have negative consequences for both older persons themselves and for the society at large. Self-help mutual aid activities are thus destroying this stereotype and providing a mechanism which can integrate older people back into society.

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* Parents Anonymous was founded by a California social worker, Recovery, Incorporated was begun by a Chicago psychiatrist, and the Harvard Laboratory of Community Psychiatry has established the best known widow groups. The Senior Companions Program is a part of the federal government, and is operated by various national and local agencies. The American Cancer Society sponsors groups for those recovering from laryngectomies (Lost Chord Clubs) and mastectomies (Reach for Recovery), while the Heart Association sponsors Stroke Clubs. And, increasingly, many social welfare agencies refer clients to self-help groups.

WHO ARE THE ELDERLY?

Older people are not what we think them to be. Only 5 percent of the 23 million Americans over 65 years of age are confined to nursing homes. Most remain in the communities where they worked and raised their families. More than half of America's elderly live with their spouses in independent households, about 25 percent live alone and 15 percent with their children. Their median earned income is $4,000 (*Newsweek*, 1977). Older people share many of the same life styles and social problems held by their younger counterparts. They are sexually active, some live together out of wedlock, and some are homosexual. They are addicted to alcohol, drugs, and tobacco in roughly the same proportions as other age groups.

Self-help mutual aid groups are a primary means of dealing with problems for other groups where professional resources have not been enough to meet the need. But among traditional self-help mutual aid groups, there is little participation by older people. In this curriculum we want to demonstrate that the self-help mode provides a cost effective means of dealing with the problems which older people themselves have named as the most critical—ill health, crime, lack of financial resources, and loneliness. Before we get into the specifics of organizing such groups, however, we want to further explore aspects of aging in contemporary society.

UNDERSTANDING AGING

Aging is a lifelong process; it begins at birth and ends at death. The process has to do with continual cellular changes that begin from the earliest moments of life. However, Western society tends to associate aging more with the physical changes—graying, wrinkling, shrinking—that begin to appear in the latter half of life, and in our collective minds, aging is something to be put off.

Gerontology, the study of aging, is receiving greater attention as we seek to better understand the aging process and reverse our negative attitudes toward aging and toward older people, which have resulted in so much age prejudice. Even older people themselves act out this prejudice. Believing themselves to be helpless and dependent, they too often feel they must play out the roles society has prescribed for them. This behavior reinforces the sterotype of the aged. The need for a wholesale revamping of our attitudes toward aging is clear. And older people must be in the vanguard of this movement.

As suggested earlier, many of the bodily changes associated with aging are caused by cellular composition. Only recently have scientists discovered that human cells do not divide indefinitely. These scientists are now trying to discern which cells are capable of replacing themselves, for how long, and under what conditions. It is known, for example, that brain neurons cannot be reproduced. The death of these cells actually causes the brain to shrink so that it weighs 44 ounces at the age of 30 but only 40 ounces by the age of 90.

Science is also looking at theories which relate aging to, e.g., the genetic makeup of individuals, to the body's immunological system, and increased pressure of blood toxins in older persons. By examining these factors scientists are attempting to find out not only why and how we age, but also how to delay the aging process.

Aside from these physical factors, there are also psychological factors which affect the aging process. General intelligence, personality changes, and the myth of senility are areas in which increased investigation and experimentation have produced startling results which alter our concept of aging significantly

It is widely believed that intellectual ability diminishes with age. Baltes and Schaie (1974) point out that numerous studies conducted in the 1930's and 1940's and 1950's concluded that intelligence increased up to early adulthood, reached a plateau that lasted for about 10 years, and began to decline in the fourth decade. Our society organized to accommodate this kind of reasoning and people in the fifth and sixth decade of life were summarily dismissed as having passed their "peak."

More recent testing procedures indicate less of a decline in intelligence (or no decline at all), but intelligence tests continue to reflect age bias and cannot accurately measure difference across generations. Baltes and Schaie (1974) found in cross sectional studies that any measured differences in intelligence could reflect either age, or generation differences, or both. The education of older people relied more heavily on principles of memorization, and less heavily on those of problem-solving. Thus, the important factor is the year the person was born, not the age at the time of testing. These studies indicated that people of average health can expect to maintain or even increase their level of performance into old age.

As with physical and intellectual abilities, older people experience changes in their personalities. These changes are often characterized negatively and we begin to think that older people are short-tempered, grouchy, or otherwise anti-social. Neugarten (1972) concluded from research conducted on 700 relatively healthy men and women between 40 and 70 years of age that there is no single pattern in which people grow old. She found that people age in ways that are consistent with their life histories. Successful aging will depend on people having not only enough money to live on, decent housing and health services, but also opportunities for social interaction. "From this perspective a major research problem for social scientists interested in successful aging will continue to be that of elucidating the economic, political, and social conditions that are associated with psychological well-being for older people." (Neugarten, 1972, p. 46).

SOCIETAL ATTITUDES TOWARD AGING

While scientific endeavors will help to ease the physical processes of aging, only increased awareness and attitudinal changes will ease the social problems associated with aging.

A 1974 Louis Harris Poll for the National Council on Aging seems to indicate that interpersonal relationships and harmonious living are improving between the elderly and the not yet elderly, but these areas are not our strongest concern. Ageism is so deeply rooted in our institutions that, like race and sex prejudice, age continues to be a factor in crucial concerns like employment, housing and health care.

Congress recently addressed the concern of forced retirement by extending the retirement age from 65 to 70. This act will certainly allow some people to continue earning an income for a longer period. It will also prod our national thinking on viewing older persons as resources and not liabilities.

But employment opportunities for older people who wish to change career directions or re-enter the labor market are scarce. Americans emphasize that "you are what you do" and adults of all ages characterize themselves by their employment status. When this status is taken away, the resulting sense of purposelessness can be devastating. This situation is further exacerbated by our refusal to adequately prepare workers for retirement and by the inability of our educational and human service institutions to recognize the wealth of experience which might be harnassed to meet many of society's unmet needs. Some large corporations and institutions of higher education have begun to address the retirement issue with seminars for prospective retirees.

Programs such as Retired Seniors Volunteer Program and Foster Grandparents are making sensible use of the wisdom and experience of olders, but our overall societal view remains relatively unchanged and for too many, retirement is tantamount to death.

Fortunately, older people have begun to use their collective power to fight back. But even as older people fight for their rights, their is only token support from other population groups. One reason suggested for this lack of support is the myth that older people represent more conservative points of view, and alliances with youth and others with liberal attitudes is threatening. There is no simple relationship between age and political ideology as Campbell (1971) points out. There are as many conservatives under 65 as there are liberals over 65 according to data from the Survey Research Center at the University of Michigan. On issues of social welfare where votes are split along traditional conservative-liberal lines, older people showed the same pattern of responses as those under 65.

Politics is the one arena where older people have had an immediate and visible impact on issues related to aging. Senior citizens vote in stronger numbers than other population groups and politicians who ignore their needs do so at their own peril. Jones (1978) points to many interesting cases where senior citizen roles have delivered stunning upsets in national and local elections.

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These gains have created an anticipated backlash toward older people. Middle-aged and younger people are beginning to complain of reverse age discrimination. The burden of support for older adults is being steadily shifted from the family to the government. The young will no longer contribute directly to the support of their parents. Instead, they will give their tax dollars to an impersonal government to be revolved through a variety of assistance programs for the support of unknown masses of older adults. The resentment will intensify as the level of support increases. In another 10 years, instead of being divided by race, society may very well be split into hostile camps of different generations. (Jones 1978).

Institutionalized ageism shapes the quality of many of the services available to the aging. Some evidence of this discrimination can be found in all areas of the human services.

For example:

- The Special Committee on Aging of the U. S. Senate reported in 1971 that about 25 percent of all annual public hospital admissions are people 65 years and over, but only 3 percent of the budget of NIMH was devoted to mental problems of the aged.
- In cities like Miami, Florida, where older people are a significant portion of the population, the only social service agency open 7 days a week, twenty-four hours a day is the police department. This city has been described as a geriatric ghetto.

Without clear policies on resolving problems on aging in all of our human services such discriminating practices are likely to continue.

NEW WAYS OF DEALING WITH AGING

"In peasant communities where things didn't change and where people died in the beds they were born in, grandparents taught the young what the end of life was going to be. So you looked at your mother, if you were a girl, and you learned what it was like to be a bride, a young mother. Then you looked at your grandmother and knew what it was like to be old. Children learned what it was to age and die while they were very small. They were prepared for the end of life at the very beginning."

We reprint this passage from a speech by Margaret Mead on a new style of aging because it highlights several important facts:

1. If we are to deal successfully with aging we must deal more effectively with death.
2. One new way to deal with aging is to go back to the way things were—where older people played an important role in the development of the young.
3. That life is a continuum of experiences and changes—and continuity of life style is important.

Any new effort to deal with aging will require dealing with these fundamental aspects of life.

Older people have basically two choices in dealing with aging. They can continue to imitate the young and perform what Simone de Beauvoir called, "an absurd parody of our former life." Or they can simply withdraw and endure the loneliness and isolation related to such a choice. Neither of these options is healthy for older people as a group or for us as a society.

Death is an inescapable fact of our existence, but it remains the one taboo in ordinary conversation. We have begun to make death an easier fact of life to accept. For example, some people have developed the idea of "living wills," based on a philosophy of death with dignity. Self-help mutual aid groups have been formed to help ease the shock of death for families of suicide victims and to help prepare for death others who are terminally ill. Such responses seem to be totally appropriate. But we must do more.

We must also look at the roles and responsibilities of older people in society. Thanks to Dannon Yogurt commercials, many Americans have taken a look at Abkhasian society where people normally live well beyond 100 years of age. Abkhasia, a part of the U.S.S.R., is a rough and hard land. The people not only live long but remain very healthy until death. While scientists attribute part of this phenomenon to genetic make up, Abkhasians attribute it to good living. Those who are "longer lived," (they do not call themselves old) have responsibilities to fulfill each day which is perhaps why they retain their intellectual powers, eyesight and hearing. They are actively involved in the social and political affairs of their community.

We believe that self-help mutual aid groups among older people will provide this same kind of day-to-day involvement for older Americans. Self-help mutual aid groups were recently described as an idea whose time has come again. Such groups are highly consistent with the way things used to be, when people of all ages always turned to neighbors and friends in time of crisis or to get things done.

Finally, we see the need to adopt a new attitude toward aging. We must resist the notion that there is a time when we cease to be active, have no important work to do, and our days are consumed with leisure activity. We must work to integrate our life styles at every age level so there is a healthy balance between work and leisure. Self-help mutual aid groups can be instrumental in this process as they have been in similar situations of life style reorganization.

PART III. BUILDING A SELF-HELP GROUP

INTRODUCTION

GROUP PROCESSES IN SELF-HELP MUTUAL AID SETTINGS

Part II provided background information for organizing self-help mutual aid groups among older people. Here in Part III the content is arranged to provide trainers of organizers with:

TRAINING DESIGNS: (See p. 317 for definition of terms used in Training Design.) Outlines of seven training sessions.

1. Self-Help Groups—Their Definition and Value
2. Community Assessment of Needs
3. The Role of the Organizer
4. Developing a Referral Network
5. Attracting Members
6. Conducting Group Meetings
7. Fostering Shared Leadership

Each design includes a chart with session topics, objectives, training techniques, suggested training material, expected outcomes, and resource materials. Training designs are tools to insure that planning sessions meet the needs for which the training is intended.

If you are not familiar with the terms used in the Training Designs, you will find definitions of them at the end of Part V in the section titled "Definition of Terms used in Training." Part V also includes a description of the training techniques in its Section 4.

SUGGESTED FORMAT: A step-by-step format for implementing each session with suggestions for presenting topics and organizing activities to accomplish the objectives of the session.

CONTENT GUIDE: A summary of pertinent information to be conveyed in each training session, and, where appropriate, a listing of sources of further information.

SESSION 1

SELF-HELP GROUPS— THEIR DEFINITION AND VALUE

Purpose: To provide an introduction to the rationale for developing self-help groups and a review of the problems associated with aging for which such groups will be organized.

SESSION 1: SELF-HELP GROUPS—THEIR DEFINITION AND VALUE

TRAINING DESIGN

OBJECTIVES	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES	TRAINERS	RESOURCES
To explore the needs of older people in the community	Lecture/discussion	Chalkboard (or opaque projector)	Trainees will demonstrate their ability to explain the self-help concept to older people. Mix outcome and measure	Staff	
To explore value of self-help groups in meeting needs of elderly	Guided group discussion			Volunteer trainers from local self-help groups	
To develop a working definition of self-help groups among the elderly					
To compare various kinds of self-help groups and how they developed		Information pamphlets on self-help groups already exciting in the community			Katz & Bender, *The Strength In Us*, Chapters 1, 2, 3, and 4 Gartner and Riessman, *Self-Help in the Human Services*
To develop set of characteristics of self-help which would be effective in meeting needs of the elderly		Idea chart			
To develop ability to explain self-help concept to prospective group members	Role plays	Film/slides or other visuals as appropriate			Hess, Beth B., "Self-Help Among the Aged", *Social Policy*, Vol. 7, #3, P. 55 **Full citation appears in reading list

SUGGESTED FORMAT:

1) PROBLEMS OF THE ELDERLY

Introduce the topic with a graphic presentation of the problems of the elderly in the community. This may be done by a lecture or a brief film, or slide show which might stimulate more discussion.

> *TRAINING TIP: Use a photo collage as a substitute. Collect headlines or photos from magazines to demonstrate the problems to be highlighted in your presentation.*

2) SELF-HELP

Review the development of self-help groups in history. Using visual aids, illustrate how people have used support networks in times of crisis.

Ask the group to come up with existing self-help groups in the community. Using the chalkboard, list as many as possible. If this brainstorming does not generate an adequate list, ask participants to identify any self-help groups they have heard about.

> *TRAINING TIP: For pointers on conducting a brainstorm see page 137. You may want to start the brainstorm by noting a few of the "anonymous" groups, e.g., AA, Gamblers Anonymous.*

Review the list of groups from the brainstorm and consider what is known about these groups, such as:

1. What problem led to the creation of the group?
2. How do members work on the problem?
3. Does the group get results?
4. Why does this method seem to work?

> *TRAINING TIP: Guided Group Interaction (GGI) is a useful technique which can be employed here to generate a list of common characteristics of self-help groups. Write the list of characteristics on the chalkboard. From this list, the group should be able to develop a working definition of a self-help group. See page 137 for structuring GGI.*

3) SELF-HELP AND THE ELDERLY

a) Identify some problems discussed earlier related to aging which self-help groups can be utilized to resolve. These problems can be categorized as physical, psycho-social, and social action. Utilize the following chart.

PROBLEMS ASSOCIATED WITH AGING

Physical	Psycho-Social	Social Action
1. Lack of adequate transportation to obtain needed services	1. Fear of crime	1. Programs that encourage passivity
2.	2.	2.
3.	3.	3.

b) Present criteria for evaluating the effectiveness of self-help groups in meeting the needs of the elderly. Such criteria might include:

1. Will the help provided contribute to the resolution of the problem?
2. Does this method contribute to feelings of usefulness?
3. Is the person being helped placed in a passive and dependent role?
4. Does this method involve much bureaucratic red tape?

c) Structure a role play by asking participants to pair off. One member of the pair will play an older person, the other will play a self-help group organizer. The organizers will 'play' introducing themselves to the older person and explain the formation of self-help groups in the community.

d) After five minutes, stop the role play and allow the 'older' people to give the organizers feedback. Encourage the people playing 'older persons' to tell the organizers if they were able to:

- Explain how self-help groups work.
- Identify ways in which such groups will help solve problems.
- Explain how prospective members will benefit from participation in self-help groups.

e) Reverse the roles and allow another five minutes of "selling" the self-help concept.

TRAINING TIP: Role plays are an effective way of 'testing' what has been learned. See page 138 for more information on role play as a training technique.

After this reverse role play, ask participants to evaluate their performance as prospective organizers. To generate discussion, begin with questions that will raise concerns the players might share, for example:

- Did you feel confident in explaining self-help groups to an older person?
- What parts of the explanation came easiest to you?
- What parts of the explanation will you need to practice more?

TRAINING TIP: Note the concerns raised by members of the training group. This initial assessment of their needs will provide guidelines for future training sessions by structuring content and exercises to assist organizers in strengthening areas in which they feel insecure.

CONTENT GUIDE

1) THE ELDERLY

The following set of statistics and problems faced by the elderly form the background against which a fostering of self-help groups is urged:

- In 1976 there were more than 22 million people over 65 in the United States.
- In 1974 the death rate reached an all time low of 9.2 deaths per thousand.
- Treatment of disease affecting people in early childhood (diphtheria, scarlet fever) and later years (cancer, heart disease) enables people to live longer. In 1974, a 65 year old man could expect to live another 13.4 years; a 65 year old woman another 17.5 years.
- Between 1900 and 1976 the number of people over 65 increased from 3 million to more than 22 million—the fastest growth rate of any age group.
- One out of every 10 Americans in 1976 was 65 years or older.
- By the year 2000, the total population of those over 65 is expected to be at least 30 million.

Clearly it is no longer feasible to assume that the relatively small number of senior centers, nutrition programs, and nursing homes will be able to meet the needs of the growing numbers of older people in the country.

Older people have complained bitterly of being cast in roles which encourage passive dependence rather than being encouraged to assert their independence, experience, and survival skills. In addition, the high cost of living puts basic goods and services beyond the means of people living on fixed incomes.

Often older people are not viewed as a resource in solving their own problems or as contributing to the quality of life. Our society decries aging and forces people to leave productive, enriched lives at an arbitrary age and to live out their later years feeling useless. Our youth-oriented culture and the stereotypical images of older people in the media have created a self-fulfilling prophecy of aging for many older people and have left the rest of us aggressively resisting becoming old.

Our institutions, agencies, and organizations have not vigorously addressed these problems. While election year politics are likely to exploit the older voter, a fair proportion of community resources have not been appropriated to stimulate reasonable responses.

2) SELF-HELP GROUPS:

Self-help, mutual aid groups can be defined in several ways:

> "Self-Help groups are voluntary, small group structures for mutual aid and the accomplishment of a special purpose. *They are usually formed by peers who have come together for mutual assistance in satisfying a common need, overcoming a common handicap or life disrupting problem, and bringing about desired social and/or personal change.* The initiators and members of such groups see that their needs are not, or cannot be, met by or through existing social institutions. Self-help groups emphasize face-to-face social interactions and the assumption of personal responsibility by members. They often provide material assistance as well as emotional support; they are frequently "cause" oriented, and promulgate an ideology or values through which members may attain an enhanced sense of personal identity." (Katz and Bender, 1976, p. 9).

> "Their membership consists of those who share a common condition, situation and self-regulating emphasizing peer solidarity rather than hierarchical governance. As such, they prefer controls emanating from consensus rather than coercion—including majority rule. They tend to disregard in their own organization the usual institutional distinctions between consumers, professionals, and boards of directors, combining and exchanging such functions among each other. *They advocate self-reliance and require equally intense commitment and responsibility to other members, actual or potential.* They often provide an identifiable code of precepts, beliefs, and practices that include rules for conducting group meetings, entrance requirements for new members, and techniques for dealing with 'back-sliders.' They minimize referrals to professionals or agencies since, in most cases, no appropriate help exists. Where it does, they tend to cooperate with professionals. They generally offer a face-to-face, or phone-to-phone fellowship network that is usually available and acces-

sible without charge. Groups tend to be self-supporting, occur mostly outside the aegis of institutions or agencies, and thrive largely on donations from members and friends rather than government or foundation grants or fees from the public." (Borman, 1975, pp. vi-vii).

According to Levy, the five following conditions define self-help mutual aid groups:

Purpose—Its express primary purpose is to provide help and support for its members in dealing with their problems and in improving psychological functioning and effectiveness.

Origin and Sanction—Its origin and sanction for existence rest with the members of the group themselves, rather than with some external agency or authority. (This would not exclude, however, groups which were initiated by a professional—such as chapters of Make Today Count—but which are then taken over by group members as the group becomes functional).

Source of Help—It relies upon its own members efforts, skills, knowledge, and concern as its primary source of help, with the structural relationship between members being one of peers, so far as help-giving and support are concerned. Where professionals do participate in the group meetings as, for example, in the case of Parents Anonymous, they do so at the pleasure of the group and are cast in an ancillary role.

Composition—It is generally composed of members who share a common core of life experience and problems.

Control—Its structure and mode of operation are under the control of members, although they may, in turn, draw upon professional guidance and various theoretical and philosophical frameworks.

According to Back and Taylor, "A self-help group is manifestly a *new* way of solving a difficult problem of living for some people." They further state that self-help groups are "reactions against some constraints inherent in society." (Back and Taylor, 1976, pp. 295-309).

Conditions cited by Katz and Bender (1976) as essential to the development of social movements and that are also said to characterize self-help groups include:

- Some source of dissatisfaction arising from a person's day-to-day living pattern.
- Sharing these discontents with others and not merely internalizing them as private agendas to be reckoned with at some future, unspecified date.
- An element of deprivation contained within the dissatisfaction; otherwise collective action is unlikely to occur.
- Some possessed quality (status, power, material goods, social acceptance) that the individual perceives has been taken away or withheld though it is due.

3) SELF-HELP AND THE ELDERLY

For the older population, the organization of self-help groups represents an effort to regain a measure of control over their lives and involve them directly in solving problems affecting their existence.

Self-help groups can fill the void created by the erosion of natural networks to which older people once turned for help and support. Family and kinship networks, because of the increasing mobility in society and its impact of urban life styles, no longer provide the material and psychological support once available to senior members of the family. In caring for individuals with chronic illnesses (hypertension, diabetes, arthritis, mental illness, cancer, heart disorders) that afflict 50% of our aging population self-help activities have also proven beneficial.

Self-help mutual aid approaches to problem solving are more cost efficient than professional help through formal care-giving institutions. With cutbacks in service delivery because of fiscal constraints, self-help groups have proven to be reasonable alternatives.

In addition, they permit members to sharpen old skills, and learn new ones, and they contribute to members' feelings of usefulness and productivity. Mutual aid activities provide support, companionship, and friendship, reducing the fear of isolation and social restriction imposed by unsafe living conditions that exist for many older people. Through self-help mutual aid activities, members also become well informed consumers of both goods and services.

Self-help groups among older people embody the goals of personal integration, spiritual awakening, and interpersonal harmony shared by other age groups in the population thereby reducing the disparity created by "the generation gap."

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SESSION 2

COMMUNITY ASSESSMENT OF NEEDS

Purpose: To enable organizers and self-help group members to collect and study information essential to understanding the prevailing conditions.

SESSION 2: COMMUNITY ASSESSMENT OF NEEDS

TRAINING DESIGN

OBJECTIVES	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES	TRAINERS	RESOURCES
To examine the elements of a comprehensive community assessment plan to determine the needs of the elderly	Introductory lecture/discussion. Distribute "Guidelines for Community Assessment."	Chalkboard	Participants will be able to develop appropriate strategy for attacking problems taken from case study utilizing information gained from a mock community assessment	Community planner	
To identify information resources within the community	Map exercise	Large map of a typical community			
To develop skill in conducting simple interviews and surveys to obtain information	Role plays				
To develop ability to identify needs based on data, observation, and similar information	Buzz groups (small group discussion) (p. 140)	Exercise sheet	Participants will demonstrate the ability to conduct simple surveys to determine needs by role playing interviews with older people	Staff/Volunteers Social Worker or Community Organizer/Outreach Specialist	
To develop ability to utilize assessment information in proposing plans for self-help groups to meet identified needs	Instrumented exercise				

SUGGESTED FORMAT:

1) Distribute "Guidelines for Community Assessment" (p. 33) and review with the group the elements of assessment, where information is located, and how to gather data. Emphasize the informal aspects of assessment (observation, interview, word of mouth), as well as the formal methods.

2) Using a 'typical' map of a community, locate key information points for retrieving data pertinent to assessment.

TRAINING TIP: Use a large cardboard on the floor with streets and highways represented. Using miniature toy pieces, let group members provide hospitals, schools, city halls, and other key points.

3) Review primary sources of information and the kinds of data available from them (for example, City Hall or County Supervisor's Office, the Community Planning Office, the Health Department or the Council on Aging, Area Agency). Also identify sources out of the community, (e.g., state and federal governments, national associations, etc.).

4) Using sample data sheets, identify key problems in a community.

TRAINING TIP: Develop an instrumented exercise for use here. See page 139.

5) Utilizing data sheets from the exercise above, structure role plays to gather additional information. One key problem identified in the mapping exercise may be the location of the community health center. It is in a remote section of the community and offers screening services for older people from 8:30 until 10:30 in the morning. A review of the intake records of the health center indicates that a small percentage of the elderly population takes advantage of its free services. The role should be structured around organizers interviewing older people in their homes to determine *why* the services of the clinic are not used.

TRAINING TIP: In this role play, make the practice harder than the game to give organizers a real feeling for problems they should be prepared to encounter. Assign roles to those playing older people that will give organizers practice in: a) gaining entry into the home of a person, b) speaking to a person who has a hearing impairment.

After 10 minutes stop the role plays and conduct a shared feedback discussion:

- — Were the interview questions developed to elicit the appropriate responses?
- — Did the interviewer listen well and take appropriate notes?
- — Why would this situation be of concern to a self-help mutual aid group?
- — What might some of the group's activities be?

GUIDELINES FOR COMMUNITY ASSESSMENT

These are suggestions which can be useful in assessing and analyzing family life and institutional resources in communities where you will be forming groups.

THE COMMUNITY—Its Population, Social Problems, and Institutions

1. Target Population Groups
    a. Age distribution
    b. Socio-economic, ethnic and religious characteristics
    c. Organizational and political affiliations
2. Health Resources (hospitals with geriatric specialization units; district health centers; coronary care and chronic disease facilities; dental, mental health, and other specialized out-patient clinics, etc.)
    a. Service policies, practices and limitations
    b. Admission practices (elibility and waiting list)
    c. Distance from community
    d. Roles for older persons as service providers
3. Welfare Resources (social services, food stamps, senior citizens' centers)
    a. Service policies, practices, limitations
    b. Admission practices (eligibility, waiting lists, drop-out after intake, short-term services, etc.)
    c. Distance from community
    d. Roles for older persons as service providers
4. Educational Resources (public schools, community and four-year colleges, other educational institutions)
    a. Admission policies, practices, limitations
    b. Program offerings
    c. Fees and payment procedures
    d. Locations
    e. Roles for older persons as teachers, counsellors, tutors
5. Housing Resources (public and private)
    a. Condition of housing stock
    b. Availability of housing units
    c. Public housing policies affecting senior citizens
    d. Tenant involvement in policy determination
    e. Special services for older people (homemaking services, maintenance and repair assistance)
6. Recreational Facilities (public and private)
    a. Senior centers
    b. Parks, clubs, sporting outlets (for older or mixed age groupings)
    c. Special services for older people
7. Additional Resources
    a. Courts and criminal justice system—response to problems of older citizens
    b. Consumer affairs and citizen protection advocates. (public and private non-profit)
    c. Agencies/organizations specifically for older people (focus of programs, services)

BASIC DEMOGRAPHIC DATA

1. Occupational (employment opportunities, family/income, percentage of males and/or females employed, training and retraining programs.)
2. Family Life Data (family status, size and composition of families, role of older people in family life.)
3. Retirement and Unemployment (numbers of people out of work.)

SIGNIFICANT POLITICAL AND SOCIAL POWER RELATIONS BETWEEN INDIVIDUALS, GROUPS AND INSTITUTIONS

1. Decision-making power alignments in the broader community
2. How is power distributed and exerted in the local community?
3. Political and civic participation

CRITICAL SOCIAL PROBLEMS AFFECTING OLDER PEOPLE

1. Indices of poverty—(cost of living factors)
2. Victimization of the elderly (juvenile crime, unsafe living conditions, unscrupulous marketing practices)
3. Health care

CONTENT GUIDE

COMMUNITY ASSESSMENT PROCESS

The three major stages of community assessment involve:

1) information gathering
2) analysis of information (study)
3) program planning

1) The *information gathering* stage will involve finding out what services/programs currently exist in the community to serve older people and their families. It is essential to look not only at what exists but how well the programs/services meet the needs of the elderly.

The information gathering or data collection does not have to be a formal extensive research study. Self-help group members should rely on informal observation, interviews with those who use and do not use the services, and input from other community residents to determine critical areas of need. Group members will want to focus on assessing information related to a problem or a felt need which members of the group have in common. The organizer should work with groups to look carefully at the resources of their community and answer questions such as:

- What problems prompted the development of programs and services for the elderly?
- What is the quality of services/programs offered?
- Do older people have a voice in the policy/administration of programs?
- How many older people participate in community sponsored programs/services?
- What needs are not being met?
- How many people are eligible but do not participate in programs/services?
- What is the general quality of life for older people in the community?
- How could the quality of life be improved for the elderly?

2) *Analysis of information* obtained will provide self-help group members with greater knowledge and a better understanding of the problems associated with aging in their communities. Such information will give the group members an added perspective about their own problems which contributes to members not feeling isolated and "up against the world."

Study of information gathered also provides resource data for group members to use in helping each other obtain help outside of the group, and increases the individual's ability to participate in the helping process. For example, members of a victim assistance self-help group in New York reported that new knowledge gained about the operation of the police precinct, the courts, and the services available to crime victims added to their self esteem and confidence in helping other people. One woman stated, "I didn't even know the address of the precinct and the telephone number other than 911, and I've lived in this community for 13 years!"

Organizers should not be tempted to overwhelm group members with a complex assessment study. Types of services/programs, location, laypersons involved, services available, and the general quality of the delivery will provide a basic foundation for group discussion. As the group grows, members will be better able to integrate the information available into the study, planning, and action processes.

3) Self-help groups provide services to members that are not readily available through other sources. The *program planning* part of community assessment, therefore, should attempt to fill the gap between what is and what ought to be.

The members of the victim assistance self-help group mentioned above work cooperatively with the police department; they do not do the work of the police. For example, the police find that elderly victims of crimes are reluctant to come to the precinct station to file a complaint and appear in court as a witness, making it extremely difficult to prosecute a suspect in the crime. The self-help group's activities are planned to supplement the services of the police department. Victims are escorted by group members to the precinct and accompanied to the court; lunches are provided by group members if the court day is to be a long one; and group members stay with the victim who is afraid to return home alone.

This kind of program planning by a self-help group is the result of careful study of the problems reported by crime victims. When the self-help group members actively participate in the program planning, the effectiveness of the plan is greatly enhanced.

SESSION 3

ROLE OF THE ORGANIZER

Purpose: To provide an understanding of the transitional roles of organizers from bringing the group together through sustaining the group.

SESSION 3: THE ROLE OF THE ORGANIZER

TRAINING DESIGN

OBJECTIVES	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES	TRAINERS	RESOURCES
To identify and analyze three traditional roles of group organizers	Lecture/discussion	Chart	Participants will complete a task listing of various activities that will be performed when assuming each of the roles identified	Staff	
To generate a task list for organizers of self-help groups among older people	Brainstorm/small group discussion	Activity Sheets		Volunteers from self-help groups in the community	
To list means by which organizers help to establish groups without functioning as the group leader	4-step method			Community organizer	

SUGGESTED FORMAT:

1) Lecture/discussion on the various roles of self-help organizers. This discussion should emphasize that such groups do not just evolve out of a sense of shared concerns. As the skill of the organizer increases, so does the likelihood of the group's success. Trainers should encourage questions/responses from participants on how they perceive their role.

2) Display chart (Page 38) and explain how the organizer's role progresses from group's inception through sustaining stages of development.

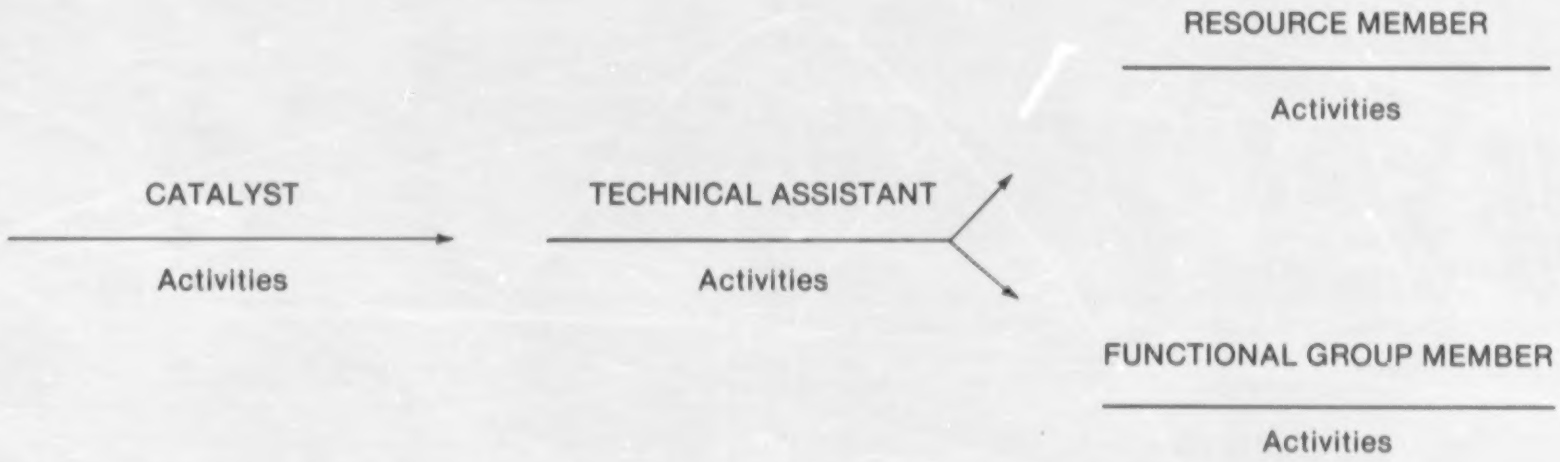
3) Brainstorm specific activities (tasks to be performed) of organizer at each level of development. This brainstorming exercise can be conducted in one large group or several small groups. Following the brainstorm, group consensus should determine what tasks are specifically appropriate for a designated role.

TRAINING TIP: Divide the groups into four sections. Assign each section a specific role for which activities are to be brainstormed. At conclusion of exercise compare lists and determine which tasks are out of place.

4) Select two or three specific tasks from each list. Demonstrate via four-step method how organizers might implement these tasks in the manner most suitable for self-help groups. For example, under the role of catalyst, one task might be to open the first meeting of the group. This task, though seemingly a very simply one, actually helps to set the tone for the meeting. Therefore, the organizer will want to be warm, cheerful, and informal.

TRAINING TIP: Use the four-step method: See page 140 for details. Basically the steps are: Explain, Demonstrate, Exercise, Evaluate.

SAMPLE CHART
ROLE OF ORGANIZER IN SELF-HELP GROUPS



RESOURCE MEMBER

Activities

CATALYST

Activities

TECHNICAL ASSISTANT

Activities

FUNCTIONAL GROUP MEMBER

Activities

CONTENT GUIDE

ROLES OF THE ORGANIZER:

Organizers of self-help groups among older people may themselves be older or younger. Older people, as organizers, may share more of the concerns of other group members than a younger organizer, but for each, their roles will change as the group grows.

1) Initially, the organizer acts as the *catalyst* for the group's coming together. In this role, the organizer is playing a dominant leadership role performing such tasks as

- identifying potential group members,
- setting the time and place of meetings,
- conducting meetings,
- introducing members to self-help concepts, and
- assisting members in getting to know each other

Because self-help groups operate differently from more traditional groups, the organizer's role in setting the tone of meetings and suggesting processes for accomplishing work is especially important in the beginning. In effect, the organizer is 'training' the group on how to be effective as self-help mutual aid group members. This 'training' is most often accomplished through modeling behaviors which group members adopt. That is, the organizer by his/her behavior in the group demonstrates the desired behavior. Also, the organizer suggests the means by which the group can accomplish its work.

Even though organizers are expected to have the answers when asked by group members, it may be more effective to say, "How do you feel we should proceed?" or "What do you think?" or "Why not ask the group?"

It is helpful to review the guidelines on providing technical assistance to groups in the next section of the Content Guide, so the organizer is always aware of the direction in which the group is moving. The aim of self-help mutual aid groups is to rely on the strengths of each member. Therefore, it is crucial that the catalytic role of the organizer rapidly be changed to that of technical assistant.

The transition from catalyst to technical assistant usually occurs after leadership has emerged within the group and many of the functions carried by the organizer as the catalyst have been transferred to one or more of the group members. The organizer then provides technical assistance to the new leadership as well as to other group members.

2) In the role of *technical assistant*, the organizer does not actively participate as a group member. Rather, the organizer observes the group process, comments as requested by group members, and provides support in the form of encouragement or suggestions, when needed. Some areas where technical assistance is needed and questions that the organizer may need to deal with are:

- **PARTICIPATION**

  Does the discussion seem to bring out what the various members might be able to contribute?

  Does over-participation by some keep other from participating?

  How much of the talking is done by the leader? By various members?

  How appropriate and constructive are contributions in relation to the topic and the group's growth and needs?

- **COMMUNICATION**

  How clearly do the leader and members express their ideas?

  How well does everyone understand what is going one?

  What factors, if any, contribute to understanding?

  Are non-verbal means of communication being used?

- **COHESION AND GROUPINGS**

  How well is the group working as a team?

  What sub-groups exist and how do they work together?

  How does the group stick together and function in crisis situations?

How willing are members to accept and act on group goals?

- **ATMOSPHERE**

  How free do members feel to express themselves?

  How willing are members to share personal feelings?

  How would you rate the group on friendliness and informality?

- **GROUP STANDARDS**

  Has the group developed a code of ethics for its own operation (sense of responsibility; appropriate response to needs of group; self-discipline)?

  How do the individual's ideas regarding groups affect group process?

- **SETTING OF GOAL(S)**

  How does the group choose its goals? (Group consensus, leader dominated, or strong-member dominated)

  What kinds of goals does it choose?
    a. Immediate goals
    b. Long term goals

  Level of aspiration:

  How realistic (achievable) is the goal to members? To the observer?

- **STEPS TOWARD GOAL**

  How does the group plan steps in achieving the goal?

  Is the whole group moving in the same direction toward the goal?

  Can the group change its goal in response to changing situations?

  How efficiently does the group move toward its goal?

- **PROCEDURES FOR GROUP PROCESSES**

  How are the group procedures related to the type and achievement of goal(s)?

  How informal or formal are the procedures?

  What kinds of procedure does the group use? (e.g., note taking, sub-committees, evaluation, role-playing, etc.)

  How able is the group to make decisions?

- **FEEDBACK AND GROUP SELF-EVALUATION**

  Does initiative for feedback and evaluation come from group, leader, or observer?

  How is the feedback accepted by the group?

  Is the feedback simply tolerated or is it used constructively?

  To what extent is resistance or acceptance of feedback due to personal feelings toward observer?

When the organizer is no longer needed as a technical assistant, there are two options which he/she may select to remain involved with the group. The first is the resource member. In this role it is clear that the organizer does not have the same vested interest as group members. Here, the organizer serves, when asked, as a support person. This role, which is usually taken by younger organizers, involves many of the same functions as the technical assistant, but help should always be requested by the group rather than volunteered by the organizer. In addition, the resource member supports group projects, helps to acquaint new members with the purposes and goals of the group, and assists in fund raising when appropriate. The resource member does not have to attend all group meetings, but remains in close contact with the group.

The second option is for the organizer to become a functional group member. This option can be exercised by the organizer who is an older person and shares some of the same problems of the group members. In this case, the organizer functions as a group member in both giving and *receiving* help. It is important for the organizer at this point to be very clear about his/her reasons for joining the group, since no special status should be accorded for having previously played the role of catalyst or technical assistant.

It is not easy to discern when the organizer should change from one role to another. The most important factor for consideration is the growth of the group. The organizer should ask him/herself, "Is the group able to function without me playing the role of catalyzer?" and "Have one or more of the members taken on the tasks I performed?"

It should be clear to group members that the transition from one role to another is not abandonment. The organizer should help the group members to perceive clearly what role he/she is playing and when these roles are changing. For example, one organizer informed her group at its third meeting that she was pleased that several members had taken on the responsibility of orienting new members. At subsequent meetings, the newcomers were first introduced to these voluntary greeter/orienters rather than the organizer.

SESSION 4

DEVELOPING A REFERRAL NETWORK

Purpose: To enable organizers to establish an effective system as one means of recruiting group members.

SESSION 4: DEVELOPING A REFERRAL NETWORK

TRAINING DESIGN

OBJECTIVES	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES	TRAINERS	RESOURCES
To list ways to recruit members from a variety of community resources in a manner that supports the self-help character of the group while expediting the process by which prospective members are attracted to become group members.	Small group brainstorming Develop a strategey checklist	Community resource handbook	Participants will develop an activity checklist and strategy plan for referrals to emerging self-help groups	Staff/ Volunteers Representatives from various "feeder" agencies	
To develop a plan for implementing referral network at organizer's base of operation			Plan will project number and types of groups to be organized meeting dates and places potential membership roster coordination through institutional base		
To develop system for evaluating effectiveness of referral network in obtaining members for self-help groups					
To list and study aspects of linkages with community resources					

SUGGESTED FORMAT:

1) This session should begin with a short introduction which asks participants to consider ways in which older people can begin either to be referred to groups in formation or to initiate new groups.

2) After breaking into small groups ask each group to select a recorder and a discussion leader. Assign the following task: Using information from the community assessment session, develop a plan whereby older people can be referred to existing or emerging self-help groups in the community. The following must be considered: 1) the agencies, organizations, and institutions that ought to be informed of the existence of such groups; 2) how they will be informed; 3) the key person to reach; 4) the kinds of problems which older people are experiencing that should be the basis for referral to a self-help group; 5) the procedures needed to minimize 'bureaucratic' entanglements and preserve the easy-in notion associated with self-help groups.

3) After completion of the planning stage, ask the group to consider the criteria for determining if a referral network is working well. Include among the criteria not only the number of persons coming to the group but how they learned of the group's existence; how easily they gained access; and how accurate was the information received.

4) Each group should present their plan to the gathering and should share feedback.

5) Based on the planning needs of the group, coordinate a discussion and identify on a chalkboard other areas of linkage (in addition to referrals) which self-help groups might seek.

CONTENT GUIDE

The very thought of a 'referral network' is enough to make most self-help group members shiver. The term's association with bureaucratic entanglements is the very antithesis of what self-help groups are about. The idea that some self-help groups came into being because two or more people with a common cause spontaneously joined together to take some action has often been true. But the widespread proliferation of many such groups has been due to carefully planned, well coordinated effort. Since older people can benefit greatly from the development of such groups, we must, out of necessity, incorporate some structured procedures to facilitate this effort.

Referral networks can be effective in helping to organize self-help groups among the elderly. Some precautions to be considered in planning them are:

1. What are the stages of the referral process? Are efforts being duplicated at several stages? Is there danger of older people being referred to self-help groups without receiving adequate, immediate attention to their needs from the referring agency?
2. How can we prevent bureaucratic snarls and make referrals as simply and informally as possible?
3. Are any referral forms necessary? If so, what is the most expedient means of handling them? What basic information should they contain?

Several factors must be considered before a person is referred to a self-help group:

1. Are the purposes and goals for which the group is organized consistent with the needs of the person being referred?
2. Is the group able to accommodate more members?
3. Is the person willing to participate actively in both receiving and giving help?
4. Is the agency's responsibility being properly discharged by referring a person to a self-help group?

SESSION 5

ATTRACTING MEMBERS

Purpose: To facilitate the outreach activities of organizers by enhancing skills in outreach and public relations.

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SESSION 5: ATTRACTING MEMBERS

TRAINING DESIGN

OBJECTIVES	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES	TRAINERS	RESOURCES
To list reasons why people join groups—focusing on self-help groups	Lecture/discussion		Participants will be able to utilize increased knowledge of why people form groups in formulating a plan for outreach, getting known, and attracting members to the group	Staff	
To develop planning skills for outreach activities	Small group planning sessions	Art supplies for developing sample leaflet		Volunteer Artists/ Illustrators	
To formulate a publicity campaign consistent with the theme of self-help in general and specific needs of older people in particular	Development of publicity materials in small groups	Poster paper/ magic markers	Participants will demonstrate understanding of why people join groups by developing publicity materials which appeal to these reasons.		
Reinforce skills in selling the self-help concepts Articulating purposes of group Fielding questions about how self-help groups operate	Simulated exercise: presentation on self-help to a group of seniors in a nutrition program		Participants will simulate experience of selling the self-help concept in group gathering by preparing and delivering brief talk on "Why you should join a self-help group."		

SUGGESTED FORMAT:

1) Start with a lecture/discussion on "Why People Join Self-Help Groups." This talk should begin with a brief description of the role of self-help groups in society and why people join together to do things—because it is easier, more effective or faster than doing them alone. Lecture/discussion should focus on functions of membership for the individual, determinants of membership, and membership composition of self-help groups.

TRAINING TIP: To stimulate discussion, ask participants what kinds of groups they have voluntarily joined and why.

2) Define outreach for the group and explain its importance in recruiting membership.

3) Examine other ways of getting known and recruiting members by asking participants to brainstorm for 60 seconds.

TRAINING TIP: Time pressure will force people to think and respond quickly.

4) Involve participants in preparing recruitment/outreach material to solicit membership. Break the group into small units asking each to design a poster, a flyer, or a leaflet, announcing the formation of a self-help group.

5) Other aspects of outreach will include face-to-face interaction with prospective members, often in larger group gatherings. Assign each small group the task of planning and delivering a presentation to a large gathering of senior citizens. Simulate the experience with the training group.

6) Provide feedback and a critique of presentations and art work.

CONTENT GUIDE

WHY PEOPLE JOIN SELF-HELP GROUPS

There are many reasons why people join self-help groups, but the main reasons are related to the inadequacies of service delivery systems and traditional groups in meeting the range of human needs. Katz and Bender (1976) suggest that individuals join self-help groups for two broad sets of reasons: (1) feelings of powerlessness, frustration, and rejection within the larger society and its institutions, and (2) depersonalization caused by an over-bureaucratized society.

As problems related to aging become more open and a deeper awareness emerges among older people of their relegation to second-class citizenship in this society, we can expect many older people to form groups in response to their frustration and new-found awareness. Like the Gray Panthers, these groups might consist of older and younger people concerned with the problems of aging. The primary motivation for starting or joining such groups is the need for affiliation (emotional sustenance) and the recognition that the help of others will be needed to accomplish the task of changing attitudes toward aging and other specific tasks, including revitalizing networks and advocating for the needs of older people.

Self-help groups offer members an opportunity to rebuild their personal identities and improve their self-esteem. The act of joining a self-help group is itself an expression of changing identity: it can mean the recognition of a need, the willingness to help oneself, the acknowledgement of a condition, etc.

Katz and Bender (1976) have suggested that the effectiveness of the self-help mutual aid group can be gauged by the extent to which members:

1. obtain help without unequal status resulting from encounters with professionals,
2. move into a *shared* authority system,
3. achieve self-validation
4. obtain direct services with the group,
5. perceive . . . [their] own social reality more clearly in a relatively short time span. (Katz and Bender, 1976).

Participants in the New York City field test of this curriculum suggested that older people would be especially attracted to self-help groups of people their own age because of the opportunity to:

1. learn from people with actual experience;
2. engage in meaningful involvement in providing help to other people; and
3. utilize many skills acquired through a lifetime of surviving, working and living.

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CRITERIA FOR MEMBERSHIP

Self-help groups usually encourage people to join who share a core of common experiences or a condition which affects other members. Basic criteria for membership are: an interest in working with others to resolve problems, and a willingness to give and receive help, and to support the purposes around which the group is organized.

Organizers will have to consider the validity of groupings by age as a significant criterion for membership. Certainly the purposes and goals of each group will have to be examined to determine whether, for example, middle-aged people might participate.

DETERMINANTS OF MEMBERSHIP

Many people are inclined to join groups because of a need to affiliate with other people like themselves. Members often state there are goals they wish to accomplish which are not achievable or are more difficult to achieve as individuals. Others state they are determined to assert themselves in a specific area and will join groups that are more assertive in nature. There are self-help groups that are affiliative (e.g., Welfare Rights Organization).

In deciding whether or not to become a member of a group, people will consider such factors as:

- Attitudes towards members: Do I have good feelings about the people who are in the group now?
- Shared characteristics: Are there people in the group like me?
- Shared purposes: Do the group members have the same or similar reasons I have for being in this group?
- Acceptance of avowed group goals: Are the members working together to achieve the same goals?
- Attitude toward unavowed goals: Are there hidden or unacknowledged goals which may be disruptive or with which I do not want to be identified?
- Acceptance of group structure and operation: Will I be able to participate fully in the life of the group? Are the meetings convenient in time and place?

In addition, individuals will consider the possibility of conflict with membership in other groups, as well as the balance between the rewards and demands of group membership.

PLANNING OUTREACH ACTIVITIES

Outreach plans must be tailored to the specific needs and conditions in a community. Some organizers will begin at their Senior Center or Nutrition Program site and not in the community at large. However, it is possible to begin in the community if there is a planned outreach strategy targeted to the elderly themselves or those who serve them. Such a plan should include a timetable for accomplishment.

Other pieces of an outreach strategy include:

1) OBTAINING THE SUPPORT OF ADMINISTRATORS—A self-help mutual aid approach to working with older persons will involve for many agencies a fundamental change in philosophy. At the policy-making and administrative levels, there will be a need for a radical change in the agency's orientation.

2) DISTRIBUTING EDUCATIONAL INFORMATION TO AGENCIES, ORGANIZATIONS, CHURCHES, ETC.—A basic statement of the purposes and methods of organizing self-help groups among older people should be developed that incorporates legal values, attitudes, and language. The material should also explain what self-help groups are for and how they contribute to the community.

3) SECURING A PLACE ON THE AGENDA OF PUBLIC MEETINGS—Take advantage of opportunities to meet large gatherings of people and talk directly to them about the plans to organize groups. Question and answer sessions provide valuable opportunities to clarify concepts. Literature should also be distributed at such meetings.

4) UTILIZING AVAILABLE MEDIA—Radio and television stations offer community service announcements and programs which can be very effective, especially in reaching older people who are homebound. Newspaper articles can further facilitate outreach activities. Be prepared to handle telephone and mail inquiries as a result of widespread publicity.

5) COORDINATING WITH OTHER OUTREACH ACTIVITIES. Avoid duplication of effort by developing cooperative relationships with other groups doing outreach among older persons.

Part of the outreach strategy may also include a campaign to recruit older people directly. This will again involve preparation of various materials. Flyers, leaflets, posters and newsletters provide effective means of getting known and reaching out among older persons.

In preparing such printed materials to be read by older people you should consider:

- Content of Message—

  Care should be taken in selection of photographs and illustrations to avoid stereotypical, negative images of older people. Avoid the use of scare tactics, over dramatization, or sensationalizing issues that promote the spread of fear.

- Size of Print—

  The use of bold face print, larger than normal, will insure that people with vision impairment can read the material.

- Format and Design—

  Material that can be easily folded and slipped into a pocket or purse is preferable to material that has to be carried in hand.

SESSION 6

CONDUCTING GROUP MEETINGS

Purpose: To provide organizers with additional skills in conducting group meetings and providing technical assistance to groups to increase effectiveness of meetings.

SESSION 6: CONDUCTING GROUP MEETINGS

TRAINING DESIGN

OBJECTIVES	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES	TRAINERS	RESOURCES
To develop skill in conducting self-help group meetings	Group discussion: factors which contribute to effective group meetings	Guidelines for providing technical assistance to groups (pp. 39)	Participants will be able to select negative factors from list of 36 group meeting indicators	Staff	
To review positive and negative aspects of interaction in groups	Instrumented exercise, group-meeting checklist	Group meetings analysis checklist (pp. 54-56)			
To develop skill in observing group meetings and analyzing interaction to provide technical assistance to groups	Simulated exercise	Videotape recorder—helpful but not essential			

SUGGESTED FORMAT:

1) Distribute Group Meetings Checklist to all participants (pp. 54-56).

2) Divide the training group into three smaller groups and assign each group twelve items from the checklist, i.e. group one, #'s 1-12; group two, #'s 13-24; group three, #'s 25-36.

3) Each person in the smaller group should review the checklist and identify each item as a positive or negative factor in the appropriate box.

4) Within the smaller groups, permit discussion of the factors until all members can agree on which are positive and which are negative.

5) When all groups have completed their pages, ask a reporter from each small group to identify the positive and negative factors by number for the entire group. Each organizer should fill in the items on their list. (If questions or challenges arise, then the group must defend its decision.)

6) Give each group time to meet again in their small units. Ask them to select the factor from the assigned page which they feel is most difficult to detect when working with groups.

7) Conduct simulated exercises to demonstrate how these indicators occur in group meetings.

TRAINING TIP: A simulated exercise in structuring a real life experience to dramatize a point instead of talking about it. For more information on simulations in the training see p. 138.

8) After each simulation, discuss ways to overcome or neutralize negative factors.

9) Assign the group the task of monitoring its own behavior for the duration of the training to practice skills in identifying and dealing with positive/negative factors in group meetings.

GROUP MEETINGS CHECKLIST	POSITIVE	NEGATIVE
1. When problems come up in the meeting, they are thoroughly explored until everyone understands what the problem is.		
2. The first solution proposed is often accepted by the group.		
3. People come to the meeting not knowing what is to be presented or discussed.		
4. People ask why the problem exists, what the causes are.		
5. There are many problems which people are concerned about which never get on the agenda.		
6. There is a tendency to propose answers without really having thought the problem and its causes through carefully.		
7. The group discusses the pros and cons of several different alternate solutions to a problem.		
8. People bring up extraneous or irrelevant matters.		
9. The average person in the meeting feels that his/her ideas have gotten into the discussion.		
10. Someone summarizes progress from time to time.		
11. What decisions have been made, and who will carry them out are often left vague.		
12. Either before the meeting or at its beginning, any group member can easily get items onto the agenda.		
13. People are afraid to be openly critical or make good objections.		
14. The group discusses and evaluates how decisions from previous meetings worked out.		
15. People do not take the time to really study or define the problem they are working on.		

16. The same few people do most of the talking during the meeting.		
17. People hesitate to give their true feelings about problems which are discussed.		
18. When a decision is made, it is clear who should carry it out, and when.		
19. There is a good deal of jumping from topic to topic—it's often unclear where the group is on the agenda.		
20. From time to time in the meeting, people openly discuss the feelings and working relationships in the group.		
21. The same problems seem to keep coming up over and over again from meeting to meeting.		
22. People don't seem to care about the meeting, or want to get involved.		
23. When the group is thinking about a problem, at least two or three different solutions are suggested.		
24. Disagreements tend to be smoothed over or avoided.		
25. Some very creative solutions come out of this group.		
26. Many people remain silent.		
27. When conflict over decisions comes up the group does not avoid them, but really stays with the conflict and works it through.		
28. The results of the group's work are not worth the time it takes.		
29. People give their real feelings about what is happening during the meeting itself.		
30. People feel very committed to carrying out the solutions arrived at by the group.		
31. When the group is supposedly working on a problem, it is really working on some other "under the table" problem.		

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32. People feel antagonistic or negative during the meeting.		
33. There is no follow-up of how decisions reached at earlier meetings worked out in practice.		
34. Solutions and decisions are in accord with the chairperson's or leader's point of view, but not necessarily with the members'		
35. There are splits or deadlocks between factions or subgroups.		
36. The discussion goes on and on without any decision being reached.		

CONTENT GUIDE

SELF-HELP GROUP MEETINGS

Meetings are crucial to the self-help group's ability to achieve its goals. It is in the group meeting that "the real action" occurs, and organizers will initially be responsible for developing the logistics, form, and content of meetings.

1) *Logistics* are important considerations when the group members are older persons. The physical setting and time of day are important logistical concerns. Other matters noted by organizers in Cleveland and New York included:

- Well-lighted rooms with comfortable chairs arranged in a circle or around a large table to promote interaction are best. In homes, the dining room table will be preferable to the living room. If the meeting facility is not a home, a space that is easy to get to (without cumbersome stairs and heavy doors) is desirable, and it should be close to restrooms. Eliminating drafty air currents and providing for people who may have hearing or sight impairment is necessary.
- Time of day is also an important factor. As with any age group, certain routines will preclude participation; it ought not to be assumed that older people 'have nothing else to do' so they can attend meetings at any time. Night-time meetings in urban areas will surely mean additional considerations for safety and transportation.
- The content of the meeting will also affect the setting at times. Even when the group is small, if a film is to be shown, or a demonstration of self-care practices given, an apartment is often inadequate.

2) The *form* that meetings take should be consistent, so that members know what to expect in the opening and closing as well as the general conduct of the meeting. Meetings of older people should not be so long that it will be difficult for participants to sit through them.

Some groups will choose different ways to open a meeting, but an informal call to attention with a review of the day's agenda is appropriate for the groups being organized for older persons. Following a rigid set of rules (e.g., *Robert's Rules of Order*) is often too cumbersome and may prove to be a barrier to effective communication. Some people will object to an "opening prayer" or other spiritual invocation, so a means of satisfying all of the emotional, social, and intellectual needs of the group should be established.

Self-help groups among older people may incorporate many forms. At various times in a meeting the group might take the form of:

- a discussion group—raising issues, sharing experiences.
- an educational group—acquiring new information or knowledge.
- a task group—undertaking activities related to a specific problem.
- a social group—developing friendships, and talking informally over refreshments.

The organizer will want to help the group identify these various forms and to make a smooth transition from one to the other in a given meeting.

3) *Content* is the subject matter dealt with in a group. The content should always support the purposes and goals for which the group is organized. Content and the way the group deals with that content are often confused and the source of much conflict in group meetings. Theoretically, any problem, experience, or need affecting an older person might form the content of a meeting, but the process then becomes so unstructured that the resultant rambling often turns people off. Therefore content should be limited to those issues which are relevant to all group members. Very personal concerns might be handled by peer counseling and other activities before or after regular group meetings to facilitate the smooth functioning of the group.

The group will function better if all members agree to a code of behavior. For example, Mowrer and Vattano (1976, p. 76) suggest that members agree that in a meeting they will not:

1. Interrupt
2. Blame
3. "Act off" negative emotion
4. "Sub-group"
5. "Yes . . . but!"
6. Talk back or argue
7. Mind-read—or expect others to do so
8. Check (on agreements)
9. Double-talk, lie
10. Tit-for-tat

IMPLICATIONS FOR ORGANIZERS

Self-help groups among older people should be structured around several content areas and group process techniques, while providing some opportunities for sharing feelings and experiences.

For many people who reached maturity prior to the sensitivity/encounter groups of the 60's, such techniques as consciousness-raising and learning games are not immediately appreciated. The older people participating in the New York City field test of this curriculum displayed great interest in learning these techniques. However, they felt they would start their own groups off with more conventional methods of conducting meetings and introduce other processes slowly as greater trust developed among members.

Educational meetings should provide opportunities for open discussion. Answering questions and techniques other than straight lecturing should be employed.

SESSION 7

FOSTERING SHARED LEADERSHIP

Purpose: To provide organizers with an understanding of various ways of encouraging the sharing of leadership functions among group members.

SESSION 7: FOSTERING SHARED LEADERSHIP

TRAINING DESIGN

OBJECTIVES	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES	TRAINERS	RESOURCES
To carefully examine the role of the organizer in identifying/fostering concepts of shared leadership	Introductory/lecture discussion	Guidelines for providing technical assistance to groups (leadership functions)" The Trouble With Leaders . . ." instrument	Participants will demonstrate understanding of and ability to foster shared leadership roles among group members	Staff/volunteers from self-help groups	*The Strength in US* (pps 156-161)
To explore the various leadership functions in self-help groups with emphasis on the non-hierarchical characteristics and the division of responsibilities among different leadership roles	Comparison of leadership roles in established self-help groups		Organizers will be able to explain importance of shared leadership roles to older people participating in self-help groups.		
To examine the value of multi-role leadership patterns in self-help groups among older people	Demonstration of leadership techniques Tower game				

SUGGESTED FORMAT:

	LEADERSHIP FUNCTION	AUTOCRATIC	SHARED
1.	Opens the meeting	Formal Chairperson always performs	Rotates on basis of lottery or other method
2.	Responsibility for tasks related to work of group	Appoints members to specific roles	Volunteers or participatory planning of roles
3.			
4.			

1) Introductory discussion of leadership roles in self-help groups. Compare and contrast leadership roles in three types of groups:

- — Alcoholics Anonymous
- -- Consciousness Raising groups
- — Recovery, Inc.

2) Develop a list of tasks which leaders of self-help groups among older people ought to perform.

3) Analyze the tasks required of the self-help group leader to determine what skills are required to perform these tasks.

> *TRAINING TIP: The task analysis of leadership function is a valuable tool for organizers to retain. It will help future self-help group members identify their leadership skills.*

4) Organize a Tower Game to provide opportunities for organizers to demonstrate leadership techniques.

> *TRAINING TIP: See p. 141 for instructions on organizing 'The Tower Group.'*

5) Develop a plan for fostering shared leadership roles in self-help groups. Utilize the chart at the top of this page.

6) Conduct group discussion on benefits of shared leadership in self-help groups among older persons.

CONTENT GUIDE

THE STRENGTHS OF SHARED LEADERSHIP

Self-help groups are largely self-governing and self-regulating emphasizing peer solidarity rather than hierarchical governance. Leadership, therefore, essentially means a process by which the efforts of individual members are coordinated to enable the group to achieve its desired objectives, purposes, and goals.

Most people think leadership functions are embodied in a single person who is usually thought to be the most important person in a group or organization. The principal of a school, the pastor of a congregation, the president of a club, all suggest central, dominant roles in their respective organizations.

Self-help group members view themselves as possessing many strengths and weaknesses. Each person in the group has a contribution to make to all group functions, including the leadership function. This shared leadership notion is demonstrated in many ways in self-help mutual aid groups.

Consider this description of leadership in consciousness raising groups:

"Many groups adopted a system of rotating leadership to overcome problems of dominance by a few. There seems to be a need for some controlling or focusing of the discussion. If one person is responsible at each meeting for timing, keeping people to the topic, this may help prevent bad feelings and keep order. Some groups, however, felt no need for any leader." (Katz and Bender, 1976, p. 169.)

Many of the skills associated with leadership capability are skills valued in other areas outside of the group setting. Assertiveness, sound judgment, and the ability to identify problems and concerns of others are extremely useful skills. The self-help group setting can facilitate older people in strengthening their skills and confidence to utilize those skills by sharing the leadership function.

After carefully analyzing the various skills involved in providing leadership, it becomes clear that "leadership" consists of many different—and often conflicting—skills. Self-help mutual aid groups recognize that these diverse leadership skills are possessed by many different people in the group. No single member of the group possesses *all* of the skills necessary for effective leadership. As a result, leadership becomes a *shared* responsibility with different members performing different kinds of leadership functions.

For example, one member of the group may be quite good at summing up the group's discussion. Another member might be skilled at moving the discussion on to a new topic when the group is bogged down in a discussion that isn't moving anywhere. A third member might be particularly helpful in bringing out participation from members of the group who are quiet and who don't usually participate in the discussion. Another member might be skilled at understanding the logistics of performing a particular project and laying out the work in a logical sequence of activities. Still another member might be adept at helping members of the group determine their own skills and what part they might play in a group project. These and other skills are all important to leadership. The strength of the self-help mutual aid group can be greatly enhanced when it realizes that no single person needs to possess *all* of these skills.

But not all established self-help groups fit this pattern of shared leadership. There is a great deal of variety in the way in which leadership is exercised in self-help groups ranging from those who depend upon traditional autocratic leadership to those groups which more closely fit our description of shared leadership. For example, Recovery, Inc. has a highly organized structure which utilizes trained leaders who undergo a period of training and are certified by the national organization. The training includes methods of group leadership and how to enhance one's leadership skills as well as information about the Recovery "method." The Sisterhood of Black Single Mothers was founded by a woman who continues to play a central role in the group. As the group is expanding to other locations, the founder continues to take on a wide variety of functions. She serves as a strong leader of the founding group, spokesperson for the emerging organization, and catalyst who helps set up similar groups elsewhere. Parents Anonymous has two "leaders" in its local groups: a professional "sponsor" and a chairperson who is elected from the membership of the group. Alcoholics Anonymous also elects its chapter leadership from the members of the local chapter and that position rotates periodically.

In short, there is no single accepted approach to dealing with leadership in the self-help setting. Groups cover an enormous range in their styles of leadership. But because we think that the *process* of shared leadership is an important one which has a great deal of value to self-help mutual aid groups, we have tried to stress the qualities of shared leadership in this session. When examining the problems often associated with traditional leadership patterns in groups, trainers and organizers may find the following tool helpful as a discussion stimulator. The tool is a list of complaints about leaders in organizations and exemplify the characteristics which self-help groups should avoid.

THE TROUBLE WITH LEADERS IS:

1. They fail to maintain sense of proportion; they magnify small matters—particularly those leaders whose duties are not great and have small matters to deal with.
2. They are inconsistent, do not see how their feelings affect their decisions—often just dull enough not to see how unfair they are.
3. They seldom are objective.
4. They are climbers, ambitious to "control" others. Seldom does supervisory responsiblity come as a surprise. The guy wants it because it has power.
5. They let their own problems confuse them and take it out on someone else.
6. They invariably let the "boss" feeling emerge, want obedience from the lowly lot. This is not always expressed but an almost certain characteristic.
7. They do not really augment and promote their subordinates. They invariably pick out and reject the threat to them in the efficient, the personable, the capable.
8. They do not go to the right place for information when they want to know—particularly people, attitude, outlook, etc.
9. They seem always to find round-about and, in the end, empty ways of telling about successes.
10. They like "to be in the know" and keep some people in suspense.
11. They think slick talk (because they usually know more details) will make people feel better (they really feel worse because they know they are being slick-talked).
12. They know only rules, regulations, red tape, stick to the office, and know little about what's eating people.
13. They carry chips on their shoulder and when they have power then they really release their feelings.
14. They are reluctant to delegate functions and authority and thus are swamped by detail.
15. They are generally skilled in technical aspects, almost completely lacking in dealing with people.

"A key function for the (organizer) is to help develop the leadership potential of group members in order to see that leadership functions and tasks are distributed rather than concentrated, and to prepare members to assume leadership roles." (Bowles, 1978, p. 194).

PART IV. TAKING GROUP ACTION

Organizing Self-Help Groups Among Older Persons in Four Crucial Areas:

Health
Safety
Consumer Education
Homebound/Handicapped Elderly

INTRODUCTION

Part IV focuses on developing self-help mutual aid groups in four areas of particular concern to the elderly: health, safety, consumer education, and among the homebound or handicapped. Whereas previous parts have included material relating to the way self-help groups in general can be organized and maintained, this part will concentrate on some *specific content information* which is needed, for example, to organize a self-help group of elderly consumers. The trainer who is using this curriculum may want to treat the four content areas as entirely separate entities and deliver each unit to a different group of potential organizers. Or, the trainer may want to ask the potential organizers to choose one of these areas in which to concentrate activities. A third alternative would be to examine closely the content in the four areas presented here so as to pick and choose items which are relevant to the particular group of organizers in training. For example, the session on assertiveness training which is part of the unit on consumer education might be adapted and incorporated into the training of a health or safety group, depending upon the needs of those being trained.

HEALTH UNIT

Session 8 — Health Care and the Older American

Session 9 — Activated Patients in Preventive Medicine, Medical Self-Help, and Self-Care

Session 10 — Health Advocacy in Self-Help Groups

SESSION 8

HEALTH CARE AND THE OLDER AMERICAN

Purpose: To examine issues in the health delivery system which lead to inadequate, costly care for older people, and to determine how self-help groups can help to overcome some of these problems.

SESSION 8: HEALTH CARE AND THE OLDER AMERICAN

TRAINING DESIGN

OBJECTIVES	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES	TRAINERS	RESOURCES
To examine the health care system and its inadequacies in meeting the needs of older Americans	Panel Discussion: National Health Care Policies	Pamphlets on: Medicare Medicaid Social Security	Participants will be able to identify primary health care and mental health problems in the community	Staff	
To list local health care practices	Group Discussion	Community Assessment Material on Health Care	Participants will be able to discuss health-mental health care practices prevalent in the community among older people		
To identify gaps in health care delivery where self-help groups can meet the needs	Problem Census				Gartner and Riessman. 1977, Chapter 3 Levin, Katz and Holst, 1976

SUGGESTED FORMAT:

THE HEALTH CARE SYSTEM

1) Organize a panel presentation for 45 minutes to provide an overview of federal, state and local health care policies with emphasis on Older Americans. The panel should consist of local people with expertise in areas such as Medicare and other health insurance plans, the practice of medicine, and health care facilities and costs. In addition to the presentation panels, select five members of the group to form a listening panel.

TRAINING TIP: Members of the listening panel of participants are each instructed to pay careful attention to one specific presentor. Following the panel presentation, the "listener" will provide special feedback for the group. See p. 142 for instructions for setting up a listening panel.

2) Following the panel presentation, allow enough time for a question and answer period.

TRAINING TIP: Participants should be cautioned against using the question and answer period to obtain specific information which pertains only to themselves as individuals. Rather, this period should be used by the participants to discuss questions and issues about health care which are generic and relevant to the potential members of the self-help groups they will organize. Perhaps a separate time could be set aside to discuss the participants' own personal health-related problems with the panelists.

3) Following the question and answer period, divide the participants into small discussion groups. Have as discussion group leaders the persons who served as "listeners" during the panel discussion. The discussion leader will share his/her reactions to the panel presentation and each small group will discuss problems raised by the presentors which are relevant to the organization of self-help groups in health. For example, a presentation on Medicare might raise the problem of deductible costs which often put services beyond the reach of poor persons. How might self-help mutual aid groups help members with this problem?

4) Reconvene the groups and list on the chalkboard major problems discussed. As a group exercise, categorize these problems under the following headings:

PROBLEMS RELATED TO CARE/PREVENTION

- improper diet
- incorrect or lack of physical exercise
- improper handling of medication

PROBLEMS RELATED TO ADVOCACY

- need for older people to deliver testimony at hearings
- changing program services to make them more accessible to elderly
- informing elected officials of positions on proposed legislation

5) Summarize by developing a list of activities for self-help groups in health. Such groups might have a primary focus on care/prevention such as:

Nutrition, exercise, or coping with a chronic disease.

Or other groups might have a primary focus on advocacy such as:

Changes in policy at federal or state level on health insurance plans; increased services of local medical facilities.

HEALTH CARE PRACTICES

1) Examine the traditional patterns of doctor/patient relationships by asking participants to share their experiences with doctors and other health care practitioners. Develop a list of these patterns on the chalkboard.

> *TRAINING TIP: This exercise will focus on the negative aspects of doctor/patient relationships. To elicit responses for this exercise questions such as these might be used:*
>
> *Do you feel intimidated by your doctor?*
>
> *Have you ever taken medication without knowing its specific purpose and possible negative side-effects?*
>
> *Has your doctor given you specific instructions for care after an illness, which you ignored?*

2) Using the following chart, identify what professional attitudes and patient attitudes cause these negative relationships to exist.

	DOCTOR	PATIENT
1. "Doctor knows best"	1. Doctors encourage patients to become dependent on professional services.	1. Lack of knowledge and information
2. Patient failure to follow prescribed regimen.	2. Does not explain thoroughly and does not spend needed time with patient	2. Lack of support and encouragement of behavior required to establish regimen

3) In small groups, ask participants to discuss how self-help groups can help people overcome these negative aspects of the doctor/patient relationship.

4) Shared feedback and group discussion.

CONTENT GUIDE

THE HEALTH CARE SYSTEM

The escalating cost of medical care is the most crucial factor in an examination of the health problems of older adults. While technology has contributed to people living longer, medical problems increase proportionately with age. Most older people do not have adequate insurance coverage and Medicare, our National Health Insurance Plan for older persons, does not provide adequate coverage.

Rochelle Jones points out in the *Other Generation* that, "...high medical expenses are the most frequent cause of poverty among older people. Hospital and doctor bills from a single illness can wipe out a lifetime of savings. A look at the cost of health for older persons is enlightening. The per capita health expenditure by persons over 65 is almost seven times that of persons aged 19 to 64. Even with Medicare, the average older adult spent $415 in 1975 [out] of his own pocket for medical bills. In fact, older people were spending more than they did in 1966, the year before the Medicare Act was passed." (Jones, 1977).

In addition to direct cost factors, Medicare prices affect the kind and quality of health care provided to older adults. Again, Jones points out, "...although (Medicare) will pay millions for extended care in nursing homes, it will pay nothing for health items such as eye glasses and hearing aids." The absence of such items often forces older adults into isolation from the rest of society. Many people who need help are denied it because of technicalities. For example, Medicare will not pay for home nursing or housekeeping unless the patient has been previously confined to a hospital. The nature of many chronic diseases affecting older people does not require hospitalization, but help is necessary to live from day-to-day at home. Thus, older persons are either deprived of these necessary services or they are unnecessarily hospitalized in order to obtain them.

Many older people can vividly remember the time when most doctors were general practitioners. Going to the doctor did *not* mean going to a specialist. Greatly increased medical specialization has led to a much more complicated health care system which is often quite intimidating to many older people. Moreover, the skyrocketing costs of health care tend to discourage the utilization of the health care system when it is called for. This combination of high costs, specialization, and often intimidating or uncaring attitudes on the part of medical care personnel makes older people quite reluctant to seek care. Worse still are the attitudes from some doctors such as "Well, what do you *expect* at your age?" No wonder many older persons dread that visit to the doctor. A self-help mutual aid group in health must not only help the group members learn more about their own health, but must give them the courage and strength to be assertive with their doctor—to teach their doctor some things about older people that the doctor may not already know and, in effect, to de-stereotype older people in the eyes of the doctor.

Self-help mutual aid groups in health are particularly relevant to older people in two areas: the care and treatment of chronic disorders and the prevention of the onset of diseases through nutrition and exercise. Since chronic diseases require constant and repeated attention it becomes extremely costly to depend solely on a medical professional for their treatment. Here, self-help mutual aid groups can serve to bridge the gap of service provision. The often-difficult adherence to a prescribed regimen can be encouraged and strengthened by membership in a supportive self-help group. Similarly, the mutual sharing of information and support about following a routine of diet, exercise, and other disease-preventing activities can be the key to the success or failure of an individual's attempts at health promotion and disease prevention. Self-help mutual aid groups can be an important forum in which members can rely on each other when they need support in carrying out their health-enhancing activities.

Because our society has continued to emphasize the importance of the doctor in providing health care, many people tend to put the doctor up on a pedestal. We think we can only be healthy if the doctor treats us. In our attempts to secure the best possible health care, we forget that much of our own health depends upon what we do and do not do for ourselves. If we smoke heavily, it is our own personal behavior which is in part responsible for problems which may later develop in our lungs. If we eat too much, it is our own body which suffers in the long run. Doctors and the health care system really are only effective at intervening in a crisis or emergency situation. It is we ourselves who take care of our bodies the rest of the time.

Moreover, health care professionals can only suggest a particular regimen, a particular kind of medicine, or a particular change in behavior. We are the ones who must then implement that regimen or change in behavior. But changing long-established habits is one of the most difficult things to do in life. Mutual aid groups can be very helpful in providing that extra degree of support which may make the difference between a person sticking to a particular regimen or going off of it when the going gets rough. For example, a member of a self-help group which is concerned with dieting might call up another member of the group at 11:30 p.m. when he or she has the urge to raid the refrigerator. Simply hearing the reassurance from another person who has had similar temptations can make an important difference. That kind of support is crucial and it is that kind of support which is simply unavailable from health professionals, no matter how good one's medical coverage is.

But medical coverage is very inadequate and expensive for many people. As stated earlier, Medicare only pays for a limited number of services and these must be obtained under certain conditions. One important purpose of a self-help group in health, then, is to serve as an educational group about what benefits are available under Medicaid, Medicare, and private health insurance schemes. One of the projects which a group might undertake would be to visit the local Social Security office to pick up some of their brochures and pamphlets on health care (one such pamphlet, entitled *Your Medicare Handbook*, is particularly helpful and can be obtained from local Social Security offices). The group could study the details of the Medicare system. (One result of this may be that the group becomes a health advocacy group and may wish to take on some of the lobbying and political activities described in the health advocacy section below.)

Straus (1973) has described some of the steps necessary in helping a person suffering from a chronic illness to cope with that illness. Three skills are particularly important:

1. The ability to read signs that warn of crisis. For example, a diabetic's ability to recognize an oncoming convulsion. This is a form of self-diagnosis.
2. The ability to respond to a crisis at a given moment. For example, diabetics may carry sugar or candy or insulin, and epileptics may stuff handkerchiefs between their teeth just before convulsions. These are forms of self-treatment.
3. The ability to establish and maintain a regimen. In order to do this, the person must believe that the regimen is effective in relieving the problem at hand. A self-help mutual aid group is often particularly appropriate and effective in this area.

Gartner and Riessman (1977) have divided self-help groups in the health field into four categories: those which are concerned with *rehabilitative work*; those which are concerned with *behavioral change*; those which are concerned with *primary care*; and those which focus on *prevention and case finding*.

Examples of groups concerned with rehabilitative work might be such groups as Mended Hearts, Stroke Clubs, the United Ostomy Association, and Make Today Count (a group of persons who have cancer and are making the most of their remaining lives).

Groups which are concerned with behavioral change are often involved in such fields as drug abuse, overeating, smoking, etc. Groups such as Alcoholics Anonymous, Weight Watchers, TOPS, and Smokenders are examples of this type of group.

Groups which are concerned with primary care usually focus on those diseases which are chronic in nature. Chronic disease cannot be cured but does require repeated and on-going care. Groups in this category help to supplement and provide care for those with chronic diseases. Some of these groups help group members to adjust their life-style to the reality of a new disease. Such groups include Emphysema Anonymous, arthritis groups, and the American Diabetes Association. Another very important example of self-help groups in the primary care area are the many women's health groups which have sprung up around the country.

Self-help groups in the area of prevention and case-finding are much less developed than groups in the first three categories but Gartner and Riessman point out the possible importance of such self-help groups in the future. An example of this type of group might be one that tries to find and prevent cases of hypertension. Self-help groups in this area might use various techniques to encourage their members to take needed medication, engage in weight reduction, take prescribed drugs, etc. Such groups might play an important role in encouraging behaviors which will tend to reduce heart attacks, kidney disorders, etc. Small groups of members observe and monitor each other's health and provide informal care when needed. They also discuss health issues with each other.

It might be useful to examine stroke clubs in more depth to get a better understanding of some of the possibilities in this area. A person recovering from a stroke has at least at first, the status of a "non-person" (Tracy and Gussow, 1976, p. 389). Stroke patients often cannot speak but they can hear. Training stroke patients to communicate through finger pressure is one of the ways that stroke club members can help new victims. Moreover, those stroke victims who suffer from a permanent or temperary loss of their ability to easily understand words and whose speech pattern is slow are often frustrated and angry. They are exasperated by the impatience they are met with by others. This frustration may result in withdrawal and passivity by both the patients and those who interact with them. Self-help groups are aware of this problem and can alert family members to it.

A good example of groups that concern themselves with prevention as well as treatment are the women's health groups. While many self-help groups in health focus on a particular condition, many women's health groups actually encompass the full range of concern regarding "women's bodies, bodily processes and related health care." (Marieskind, 1976, p. 64). Marieskind distinguishes between self-help groups and the provision of curative care. She describes the former as ". . . a group of approximately six to ten women who become a self-help clinic (or *group*, as it is less confusing to call them) meeting together for about ten weeks to exchange health information and experiences, to learn breast and vaginal self-examinations, and to learn about common gynecological conditions." This is health education and prevention. Another group called DES-Watch is very concerned with prevention and case-finding. Membership of DES-Watch is drawn from those mothers who took the drug called DES during pregnancy (prescribed to reduce the possibility of miscarriage). It was later found that DES can cause cancer, and that those who took this drug as well as their children had a far greater risk of cancer than the average population. DES-Watch provides needed information to these women and works at educating people about the dangers of the drug.

What are the actual possibilities of self-care and self-help groups in health? Nancy Milio has assembled a great deal of data which shows that self-care is an effective approach. She points out that:

1. Consumers want immediate availability of health care when they need it.
2. Large portions of consumers have accurate knowledge of serious illnesses and can accurately assess the seriousness of symptoms and the severity of illness episodes.
3. Large proportions of common illnesses are self-treated.
4. People can accurately judge the appropriate circumstances under which to seek a physician's care.
5. Significant proportions of all population groups seek care first from non-health personnel.

Moreover, Milio also points out that much of the service that people seek from doctors is not related to illness; many of the customary forms of medical treatment have serious inherent risks; the efficacy of many services is limited; and much of present care is fragmented and costly. (Milio, 1976, pp. 2-3).

Clearly, then, efficient and effective health care depends upon a number of factors. The patient can be and is an important component in the provision of health services. Self-help groups can be very effective in assisting individuals to cope with health problems. At the same time, self-help groups can serve as health advocates for needed changes in the way professional health services are delivered.

DIFFERENCE BETWEEN TRADITIONAL PROFESSIONAL SERVICE-DELIVERY APPROACH AND SELF-HELP MUTUAL AID GROUPS

Traditional Professional-Client Service Delivery Approach	Self-Help Mutual Aid Group
1. One person gives help, the other receives help.	1. Helping is a reciprocal, two-way process; everyone both gives and receives help at one time or another.
2. One person—the professional—is expected to have answers or solutions to the client's problems.	2. No single person is expected to have the answers to all problems; some group members may be helpful in one area, others may be helpful in another area. As a group, many (but not all) problems can be successfully overcome.
3. Relationship is based on client's need and professional's employment and/or professional "commitment."	3. Relationship based on mutual interdependence between group members.
4. Relationship between professional and client based on client dependence.	4. Relationship between group members based upon common identification.
5. Professional's knowledge about client's problems is often based upon academic learning or previous encounters with clients with similar problems; the professional usually has not experienced the problem as one which affects him or herself directly.	5. Group members' knowledge about each other's problems is based upon their having each shared similar problems themselves.
6. Professional's involvement with the client is usually limited either to office hours or to periodic home visits.	6. Group members often interact with each other at times other than formal group meetings, either by telephone or in person.
7. Rigid criteria are usually set up for eligibility for professional services.	7. Only basic criterion for group membership is usually a sincere willingness to be an active member of the group.
8. A limited number of problems or issues are dealt with in the professional-client context; once these problems are solved, relationship may be terminated.	8. A wide array of problems are dealt with by group—including many of a nature which are not handled well in the professional context (e.g., socializing); while individuals may terminate their relationship with a group after a problem is solved, quite often the very nature of the group itself changes to meet the new problems.
9. Professional usually receives a fee for his or her service.	9. Helpers never receive a fee for service but receive help from others instead; any fees charged the group members are usually minimal and are designed only to cover the actual costs of renting meeting space, paying for coffee, etc.

SESSION 9

PREVENTIVE MEDICINE AND MEDICAL CARE

Purpose: To introduce some of the means by which self-help groups in health provide services to older people.

SESSION 9: PREVENTIVE MEDICINE AND MEDICAL CARE

TRAINING DESIGN

OBJECTIVES	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES	TRAINERS	RESOURCES**
To identify how self-help groups can promote the development of activated patients.	Lecture discussion to introduce concepts Small group—role plays	Chalkboard Flipchart	Participants will be able to define terms and explain to others how self-help groups incorporate concepts of preventive medicine, medical self-help and self-care.	Staff Community Health Practitioner Registered Nurse and/or Medical student or Medical doctor	Sehnert (1975) Vickery and Fries (1976) Sehnert, Aukward, Lessage (1976)
To explore medical skills which older persons can learn to improve their abilities to provide self-care and mutual aid in a variety of settings.	4-Step Method Group discussion	Medical "Black Bag," thermometer, watch with second hand	Participants will be familiar with routine medical skills which self-help group members can learn. Participants will develop ability to organize skill building sessions for self-help group members.		

SUGGESTED FORMAT:

DEVELOPING ACTIVATED PATIENT CONCEPT IN SELF-HELP GROUPS (See Content Guide for a description of what is meant by the term "activated patient.")

1) Introduce concept of activated patient by reviewing traditional roles of patient/professional. Identify on the chalkboard ways in which an activated patient differs from the traditional patient.

2) Organize a role play where participants observe patient/professional relationship.

> *TRAINING TIP: Participants will role play an older patient at the doctor's office complaining of shoulder and joint pains. The doctor checks some vital signs and then prescribes some pain medication and asks the patient to return next month.*

3) Following the role play, participants should identify ways in which the patient should have behaved during the visit. He or she should have:

- a. been more accurate in description of symtoms
- b. been more assertive with doctor
- c. requested information about medication being prescribed
- d. asked about the causes of pain
- e. questioned the reason for the next visit

4) Group then identifies changes in the doctor's behavior that might occur because of the change in patient behavior. These changes should be identified on the board.

5) Summarize the main points of the exercise and review with participants the value of activated patient training for self-help group members.

ORGANIZING SELF-HELP GROUPS FOR ACTIVATED PATIENTS

1) Review steps in organizing a self-help group.

2) Divide participants into small groups of 5 to 7 people. Each of these small groups will develop a plan for organizing a self-help group.

3) Distribute an instrumented exercise to assist group in developing an organizing plan. The instrumented exercise should cover such points as:

- a. How will members be recruited?
- b. How should the organizer open the first meeting?
- c. What new skills and knowledges will self-help group members acquire by belonging to this group?
- d. What resources exist in the community to help members acquire skills/knowledge?
- e. What other things will the group do?

> *TRAINING TIP: See p. 139 for designing instrumented exercises.*

4) Each group should take about 60 minutes to complete the exercise. The group should then select a reporter to share main points with the total group when it reconvenes.

> *TRAINING TIP: In extended exercises such as this one, it is best if the small groups have a separate room in which to work on plans. The trainer should circulate among groups, providing assistance where needed.*

5) Reconvene the total group. Ask the participants to share their organizing plans. The group should discuss the merits and shortcomings of each plan as a means of providing mutual support and further insight into the organizing process.

LEARNING/TEACHING MEDICAL SKILLS

1) Ask the group to identify some of the simple medical skills needed to be activated patients and involved in self-care and mutual aid for self-help group members. Such skills might include:

- measuring vital signs (temperature, pulse, blood pressure)
- emergency first aid
- reading pharmaceutical labels.

2) Designate a resource team for each cluster of skills identified. The resource team has the responsibility of securing a qualified person to teach the class how to perform desired skills. Each resource team works closely with the trainer to coordinate scheduling, to obtain needed equipment, and to certify the capability of the presentor.

3) Following each skills training session, the resource team prepares and conducts an exercise for the total group on how to secure skills training for self-help group members.

> *TRAINING TIP: The 'resource team' concept is introduced here to help organizers gain a feel for setting up similar sessions for self-help groups with which they will be working.*

CONTENT GUIDE

The activated patient concept was developed by Keith Sehnert at Georgetown University's Center for Continuing Health Education in Washington, D.C. In *Health Activation for Senior Citizens*, Dr. Sehnert and colleagues provide a course guide for teachers/facilitators. The course consists of seventeen sessions which must be delivered by specialists in the field (physician, nurse, nurse-practitioner, pharmacist, podiatrist, nutritionist, dentist, etc.). Organizers of self-help groups that are focusing on the development of activated patients can use this course guide in planning a series of self-help meetings which are both educational and task oriented.

The goals of a self-help group in health and those of the activated patient course are very similar. Upon completion of the activated patient course, participants are expected to be able to:

- Become a more assertive consumer of health care by being an active participant in the health care process. For example, many of the content areas in the activated patient course develop skills in the prevention of various kinds of illnesses; how to determine if a particular medical problem can be handled at home or whether it should be attended to by a doctor; how to confront the doctor with a prepared set of questions which need to be answered each time an office visit is made; how to rate the "quality" of various doctors in the community; how to understand the *reasons* why a particular regimen or drug is prescribed for a particular problem; how to find out about the properties of a given prescription drug, etc.
- Learn skills in observation, description, and handling of common illnesses, injuries and emergencies. In addition to teaching skills in how to determine when to treat a problem at home and when the doctor is needed, the activated patient course describes the actual procedures to use in treating many common health problems without the assistance of a doctor. The materials developed for the course include an easy-to-use "symptom and concept index" as well as a "treatment index" which lists many of the most common medical problems and step-by-step instructions for their treatment.
- Develop skills in routinely observing one's own general state of health by conducting periodic physical self-examinations. The course includes information on how to take one's own blood pressure; observe one's own breathing rate; examine another group member's ears and eyes; check the heart rate; examine the nose; proper procedure for taking temperatures, etc.
- Learn how to use the resources of the health care system—doctor and hospital services, insurance, medication, etc.—in a more economical and more effective way. In addition to the benefits outlined above, many of the skills included in the activated patient course can also help the activated patient to use the doctor only when she/he needs one (thus cutting down on health costs); to understand the rationale behind an activity or medication prescribed by a doctor (thus increasing the likelihood of the patient's adhering to the prescribed remedy); to substitute lower-cost generic or house brand drugs for higher-cost brand name drugs (thus lowering the costs of medication); and to handle claims for insurance payments, etc.

Perhaps the only important element in health which is *not* emphasized in the activated patient course described above is the central role played by *mutual aid and support* in the self-help group. The activated patient course assumes that trainees will complete the course, leave the group, and go out into the world as more activated patients. Once the course is over, these "activated patients" are left to fend for themselves. The self-help mutual aid group, on the other hand, is viewed here as a *continuing and ongoing* activity in which the group members will participate for an indefinite period of time. The key to the self-help mutual aid group in health is that it provides members with continued and repeated support when it is needed. A self-help mutual aid group assumes that there is more than just a body of knowledge which must be absorbed by the members in order for them to deal with the health care system effectively. A member might know how to deal with doctors but still need to share a particularly bad experience with other group members occasionally, to discuss it, to relieve some of the burden of the experience, to obtain empathy and understanding from the group, and, sometimes, to stir the group into taking some kind of group action about the problem if necessary and appropriate. Therefore, while we highly recommend the activated patient course as an excellent beginning and a good basis on which to start a self-help group in health, the group should not simply stop meeting once the course is completed.

SESSION 10

HEALTH ADVOCACY AND THE SELF-HELP GROUP

Purpose: To develop group awareness of how advocacy groups function.

SESSION 10: HEALTH ADVOCACY AND THE SELF-HELP GROUP

TRAINING DESIGN

OBJECTIVES	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES	TRAINERS	RESOURCES
To identify ways in which self-help mutual aid groups can advocate for changes in health care system.	Discussion Problem Solving Wheel Instrumented Exercise Role play	Problem Solving Instrument	Participants will be able to implement problem solving techniques in working toward resolution of health problems.	Staff	Gartner and Riessman (1977) pp. 69-97 Health PAC (1970)

SUGGESTED FORMAT:

GROUP ADVOCACY/PROBLEM SOLVING

1) Conduct group discussion focusing on the part played by national health organizations in changing policies, practices and attitudes toward health problems.

2) Ask group to identify any health organizations known to them which advocate for such changes. Identify the desired change and the means by which the group works to achieve its goals. Continue the example started below:

3) Introduce the problem solving wheel and explain the '8 spokes' to problem resolution.

> *TRAINING TIP: For a complete description of the problem solving wheel and now to use it, see p. 144.*

4) Divide into small groups and direct each group to assume it is a self-health group which advocates a specific change in health care policy, practice, or attitudes toward olders. Using the problem solving wheel, develop the means by which change will be advocated, and list some expected outcomes for the group's actions. (Suggested time 40 minutes)

5) When the exercise is completed, have group members share and criticize plans.

Organization	Basic Problem or Concern	Desired Changes in policies practices, attitudes	Means to Achieve Goals
1. American Cancer Society	1. Prevention of Cancer	1. Eliminate the use of tobacco for smoking by Americans	1. Advertising, Lobbying, Education programs

CONTENT GUIDE

While self-help mutual aid groups in health can be of enormous value to their members on a small group basis—by members' sharing experiences about various doctors and other health concerns—the greatest potential benefit of such groups is related to their care for older people. It is public policy regarding health care which directly affects the most older people. For example, changes in Medicare regulations have a direct impact upon millions of older people.

Influencing public health policy in favor of older people is not a simple or straightforward task. Changes in public health policy are subject to the same political factors as all other issues of public policy. To influence legislators, a certain degree of political sophistication is needed on the part of those who are advocating change. It is important, therefore, for those who are interested in advocating changes in health care policy to develop an awareness of how the political process works.

A self-help group has a number of options in choosing the direction it will take to lobby for more favorable health policies. One option is to join with the efforts of an already-established organization which is lobbying for such changes in public policy. Such an organization may be working at the local, state, or national level. One example listed earlier in Section B is the American Cancer Society. If a self-help group finds that its goals are very similar to those of an established organization, like the American Cancer Society, it may be beneficial to combine efforts with them. But one potential danger of this approach is that the self-help group may be swallowed up by the larger organization. Lobbying to maintain the group's individual identity may be necessary in order to prevent this.

Another approach is to find other groups or organizations whose goals and aims are similar and to form a coalition with them. This approach is called coalition-building. In seeking a particular change in public policy, it is usually important to develop a broad-based coalition so that legislators will see the widespread support for this change. But this approach has its problems too. Many different groups may support a basic common goal, but often their differences of opinion on strategies the coalition should use will lead to protracted and bitter in-fighting.

A third approach is simply to advocate directly for the group's goals in changing public policy. Rather than seeking others who share similar views, the self-help group conducts a series of activities aimed at directly influencing various legislators to change a particular public policy. This approach is perhaps best when members of a self-help group already have sophisticated knowledge of how to influence the political system, and can marshall considerable effort on their own. When group members do not possess such knowledge and resources, joining with other individuals or groups will give the group members an opportunity to learn these skills from others.

Although role plays may simulate some of the situations involved in advocacy and lobbying, there is no substitute for actual experience. Participants should be divided into small working groups and identify a particular problem related to health care policy which they would like to solve, using the problem-solving wheel (p. 145). When the groups come to step #5 of the problem-solving wheel ("Planning for Resolution of the Problem"), it may be useful to ask them to stop and to conduct a group discussion about some of the ways in which to conduct a political campaign. Some of these techniques are listed below:

RESEARCHING THE ISSUE

Get all the facts you can about the issue. Find out if the city council, state legislature or U.S. Congress has held hearings on this subject (one of these bodies probably has): obtain a copy of these hearings and study it carefully. Determine what the opposition's arguments are and develop as many responses to their criticisms as you possibly can. If the issue has been voted on in a previous session of the city council, legislature, or Congress, determine who voted for and who voted against it. Also, note any members who abstained from voting. These elected officials may be the "swing votes" who could be persuaded to support your point of view. It is important to locate those legislators who support your point of view; they may be very helpful in the legislative fight that will follow. Knowing the opposition and their weak points is also important. If their position seems to conflict with the position of the majority of their constituents, it may be useful to try to conduct an education campaign informing that elected official's constituents of his or her unpopular position. Remember, elected officials want to be *re*-elected!

DEVELOPING THE STRATEGY

Your plan of attack should be based upon the research you have already conducted. If only a few "swing" votes are needed, it may be important to concentrate your energies on those legislators who abstained in previous votes. It is important to work on those legislators directly by meeting and talking with them. Also inform their constituents about the issue and ask them to get in touch with the legislators themselves.

On the other hand, if your position is a very unpopular one, it may be important to begin your activities with a public education campaign about the issues. This can be done in a variety of different ways: by holding community meetings about the issue; by staging dramatic actions which draw the attention of the media (e.g., sit-ins, protest marches, picketing a pharmacy which discriminates against older people, etc.); by asking for and obtaining public access time on commercial radio and television stations as well as cable television stations, etc. The number of possible strategies is only limited by the group's imagination. In fact, it is often the unusual approaches which gain the most attention (e.g. in the Bronx, NY several years ago, mothers who were protesting day care budget cuts blocked one of the automobile bridges into Manhattan with their baby buggies. The story made headlines in the evening television news and the next morning's newspaper; more importantly, the issue was raised and debated as an important issue of public policy and won at least *some* small victories for the mothers).

KEEPING THE FAITH

This is perhaps the hardest part. While learning skills and strategies is a trial-and-error process in many cases, at least it is possible to "see the light at the end of the tunnel" when you have a particular action staged and set for a given date. But what happens *after* the demonstration or activity when there is no legislative action as a result? The political process is a difficult, time-consuming, and often disappointing activity. Achieving victory on a given issue may take months—or even years! People have been talking about—and lobbying for—some kind of national health insurance for over thirty years now, but the actual passage of a bill in the Congress seems as far away today as it did when President Truman first proposed it.

One word of advice: try to remain optimistic in the face of what may appear to be defeats. But that's often difficult to do. Therefore, it is important *to begin with a small campaign on a small issue which can be won in a relatively short period of time.* No self-help group of ten older persons will be able to launch an effective campaign to achieve national health insurance in six months. But it is possible for such a group to have a real effect on the way in which older people are treated at a local hospital, for example. Tackling and winning a small issue builds the group's confidence and gives it the energy and strength to win another battle. Equally important is that in the *process* of winning the small battles, friendships and alliances are often made with other groups and individuals who may be helpful in waging a larger campaign on a related issue later on.

CONSUMER EDUCATION UNIT

Session 11 — Consumer Issues and the Older Adult

Session 12 — Dynamics of Consumer Action in Self-Help Groups

SESSION 11

CONSUMER ISSUES AND THE OLDER ADULT

Purpose: To explore consumer issues affecting older people and identify consumer problems and practices around which self-help groups can be organized.

SESSION 11: CONSUMER ISSUES AND THE OLDER ADULT

TRAINING DESIGN

OBJECTIVES	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES	TRAINERS	RESOURCES
To explore issues related to consumer education which affect the quality of life enjoyed by older Americans.	Listening Team; Panel Presentation	Pamphlets from consumer action groups	Participants will be able to identify major consumer problems and their effect on older adults including: frauds, unfair merchandising, lack of consumer awareness.	Staff and consumer experts	
To isolate and define relevant consumer problems around which older people might organize.	Small group discussion and shared feedback	Chalkboard	Participants will be able to develop self-help groups as a meaningful response to identified consumer problems.	Staff	
To develop content for self-help groups around consumer education issues.	Instrumented exercise	Exercise sheets	Participants will be able to focus group discussions in such a way that the potential self-help group's actual interests and goals can be directly translated into specific group projects in consumer education.	Staff	

SUGGESTED FORMAT:

CONSUMER PRACTICES

1) Organize a panel presentation on consumer practices among elderly people. The panel might consist of representatives from local organizations which monitor consumer trends, for example: Better Business Bureau, Chamber of Commerce, Consumer Affairs Division of Municipal or County Government, Public Utilities Commission and consumer advocacy groups. The panel presentation should focus on consumer practices—how older people spend money and for what.

2) Assign participants to a listening panel. There should be a "listener" for each panel member.

> *TRAINING TIP: Members of the listening panel of participants are each instructed to pay careful attention to one specific presentor. Following the panel presentation, the "listener" will provide special feedback for the group. See p. 142 for instructions for setting up a listening panel.*

3) Following the presentation, allow time for participants to interact with panel members in a question and answer period.

> *TRAINING TIP: Participants should be cautioned against using the question and answer period to obtain specific information which pertains only to themselves as individuals. Rather, this period should be used by the participants to discuss questions and issues about consumerism which are of a generic nature relevant to the potential members of the self-help groups they will organize. Perhaps a separate time could be set aside to discuss the participants' own personal consumer-related problems with the panelists.*

4) Following the question and answer period, divide participants into small groups, each of which will be led by a "listener" for the panel presentations. The group discussion will focus on the presentation made by one panel member. The discussion leader will share his/her reactions to the panel presentation, and each small group will identify problems for older people related to the specific presentation. For example, the presentations from the Public Utilities representative may raise problems associated with costs of gas, electricity and water. The problem may be that escalating costs for these services cause great discomfort for the elderly who must cut back usage to an affordable amount. The group should identify problems which can be the content for self-help group meetings.

5) Reconvene the group and list problems discussed on the chalkboard. Divide the problems into two categories:

Problems Related to Advocacy	Problems Related to Practice
For example:	
Supermarket only stocks large sizes of basic food items and refuses to break up items such such as margarine into individual sticks.	Soaring costs and decreasing quality of already prepared and packaged frozen foods.
Utility rates continue to soar.	Utility rates continue to soar.
Senior citizens' half-fare rate on busses only applicable during non-rush hours.	

TRAINING TIP: Problems identified under the "advocacy" column imply that the source of the problem resolution lies with an agency, manufacturer or organization. Problems of practices imply that resolution lies with older people changing habits, becoming better educated, or taking direct action to change. Some problems may appear in both colums.

6) Summarize this activity by helping the group to generate activities for self-help groups consumer education/action.

CONSUMER PROBLEMS

1) The panel presentation approach may be employed to provide a summary of federal, state, and local laws to protect consumers. The presentors this time might be consumer activists such as lawyers, action-line advocates, and other consumer specialists. The focus of this presentation will be on the precautions older people should exercise when purchasing goods or services—the common swindles and unscrupulous practices of which many older people are victims.

2) Assign participants to a listening panel to report on one specific presentor.

3) Divide participants into small groups to discuss specific problems raised by the presentors. The small group discussions will focus on ways self-help groups can help prevent older people from becoming victims of swindling schemes, improve buying habits, and be more assertive about recovering losses.

4) Reconvene the total group and have each discussion group leader report on specific problems and recommendations for self-help groups.

5) Summarize the discussion by listing activities for self-help groups in consumer protection.

ORGANIZING SELF-HELP GROUPS FOR CONSUMER EDUCATION

1) Review steps in organizing a self-help group.

2) Divide participants into small groups of five to seven people. Each of these groups will develop a plan for organizing a self-help group.

3) Distribute an instrumented exercise to assist groups in developing an organizing plan. The instrumented exercise should cover such points as:

a. How will members be recruited?
b. How should the organizer open the first meeting.
c. What new skills and knowledges will self-help group members acquire by belonging to this group?
d. How will the group help members with consumer problems?
e. What other activities might the group engage in?

TRAINING TIP: See p. 139 for designing instrumented exercises.

4) Each group should take about 60 minutes to complete the exercise. The group should then select a reporter to share main points with the total group when it reconvenes.

TRAINING TIP: In extended exercises such as this, groups should have separate rooms in which to work. The trainer should circulate among the groups to provide assistance if needed.

5) Reconvene the total group. Each reporter should share plans with the larger group. Without attacking the reporter as a person, the group should try to provide constructive criticism about the merits and shortcomings of each group's plan. Such a constructive critique should not only help improve the plan itself, but will also (if conducted properly) serve to buttress feelings of trust and mutual support among group members.

CONTENT GUIDE

CONSUMER PRACTICES

Ever since Ralph Nader's crusading efforts to hold car manufacturers responsible for the safety of their vehicles, consumerism has been an arena for intense investigation, education, and enlightenment. Most people continue to be astounded at the enormous 'rip-off' of the American public in the market place.

A recent study by the Elderly Consumer Project of the University of Pittsburgh found that older consumers tend to perceive fewer marketing practices as "unfair," especially those practices which could lead to consumer problems. The study examined the marketing practices, complaint actions arising from buying problems, factors inhibiting complaint actions, and the psychological costs associated with buying and complaint behavior. Using both older and younger subjects, the study found that those over 64 were, when unsatisfied, less likely to take any action.

To begin organizing a self-help group in consumer education, organizers need to be aware of the practices of the elderly consumer in their communities. In the New York field test of this curriculum, participants were asked to identify some problems related specifically to the elderly consumer. The results of this informal survey indicated:

a. *MARKETING PRACTICES*
   - elderly consumers tend not to comparison shop;
   - they stick to brand names which are often more expensive;
   - they do not read the fine print on contracts and warrenties;
   - they often succumb to high-pressure sales efforts;
   - they find it bothersome to return defective terms.

b. *COMPLAINT ACTIONS*
   - elderly consumers are non-assertive;
   - they do not know appropriate procedures for complaining;
   - they are not aware of protective legislation.

c. *FACTORS INHIBITING COMPLAINT ACTION*
   - complaint procedures are often complicated;
   - record of purchase often misplaced or discarded;
   - if no immediate response, there is a tendency not to follow through.

d. *PSYCHOLOGICAL COSTS OF BUYING AND COMPLAINING*
   - older people use easiest means of obtaining goods (e.g., mail order catalogs);
   - unconscious desire to avoid confrontation; fear of appearing ignorant, or overly confused in interaction with salespeople;
   - low tolerance for frustration-give up easily
   - notion of complainers as troublemakers;
   - belief that basic honesty and good will prevails—especially with local merchants.

SELF-HELP GROUPS IN CONSUMER EDUCATION

Usually, an organizational response to a problem of education is to conduct training classes. This has been true in dealing with consumer issues. However, self-help groups offer many advantages over simple classroom training in dealing with consumer problems.

a. The group is a means of acquiring new knowledge and skill as well as retaining and reinforcing skills, because in the process of helping others, members acquire and/or strengthen these skills. Each person in the group is both teacher and learner.

b. The group works on the real problems of members over a much longer period of time. Classroom training uses case studies and examples; while often effective, this method does not represent the powerful teaching experience of the real life encounter.

c. Self-help groups provide psychological support and encouragement which is sustained for a long period of time.

d. Self-help groups work to bring about new laws, and changes in practices and policies. The group member feels a part of this process.

Often, an agency will solve a problem of an elderly consumer by writing a letter to another agency. This direct intervention solves that problem for that person at that given time. But if consumer self-help groups are to be effectively organized, agency staff must try to convince this elderly consumer to handle his/her own problems. In other words, the organization of self-help mutual aid groups in consumer education will depend on the ability of the staff person, usually trained to provide direct services, in encouraging people with similar problems to come together, form a group, and become active participants in their own problem-solving.

The self-help group organizer must make potential group members understand that being swindled even one time is perhaps evidence of a pattern of operation or of lack of information which will continue to be a problem unless they deal with it. Older people are reluctant to admit they've been "taken."

How then does the organizer establish a consumer-oriented self-help group? The organizers who participated in the field test training followed this set of guidlines:

Step 1: Conducting a community assessment
Step 2: Becoming informed about the problem.
Step 3: Recruiting a small group of interested persons. Holding one or more informational meetings.
Step 4: Publicizing group formation in senior centers, churches and stores.
Step 5: Setting a time and place for the first general meeting.
Step 6: Holding the first general meeting and conducting a problem census there.
Step 7: Developing roles for group members such as task groups to work on problems.
Step 8: Encouraging the development of shared leadership as an ongoing process.
Step 9: Developing program activities.
Step 10: Developing linkages with other groups.

Some of these processes might be helpful to other organizers establishing groups.

Community Assessment: the organizers decided to focus on consumer problems and conducted informal surveys among friends, in supermarkets, and around the community.

They found that most people had difficulty adjusting to living on limited incomes and wanted help in understanding such issues as:

- inflationary trends;
- how to obtain food stamps; and
- what to do about inferior merchandise.

They selected the specific problem of understanding inflation and conducted a small group discussion among themselves. As prospective organizers, they were surprised at how much knowledge they already possessed about economics. They decided to hold a large group meeting at a Senior Center to include other older people in the discussion.

Signs were placed in the lobby of the building and at the Senior Center in a housing complex. Some of the posters were worked on in training sessions and reflected the anger they had begun to feel. The posters caught the attention of many of the residents and the meeting was well attended.

The person conducting the meeting opened by stating simply: "A small group of us met the other day because we are so frustrated about the cost of living. We want to form an ongoing group to learn more about how to cope with the high cost of living and how to change things."

People talked for a while about the problem and then began to open up. Problems were recorded and the organizers found that people were having real difficulties and others had been thinking for a long time that something must be done. Some of the problems identified were:

- how to find clothing that is affordable and doesn't make older people look silly;
- how to get things in the supermarkets packaged in small quantities;
- how to get food stamps
- how to sue a merchant in Small Claims Court.

The meeting was held just after lunch. After an hour of talking the participants decided to break. The organizer asked if people wanted to get together again. She knew a lawyer who might come and talk about suing someone in Small Claims Court. Other people volunteered to find out about food stamps. One person knew the owner of a large chain of supermarkets. Everyone agreed to another meeting in two weeks.

This was the beginning of a consumer education self-help group. It took many meetings before the group went through all of the steps in the organizing process. But the most important process had begun—that of coming together to share what is known and find out what is not.

One consumer self-help group started in Cleveland, Ohio as a result of unfair practices by merchants. The group members found that as a last alternative a peaceful demonstration in front of the store brought immediate results to the dissatisfied parties. One important part of the group's statement of operating procedures says:

> "No problem will be considered unless the person who has the problem participates in all the efforts to resolve it. The person will also be asked to join the group and help others with similar problems."

One of the organizers of this group is now the Director of Consumer Affairs for the City of Cleveland.

DEVELOPING CONTENT FOR SELF-HELP GROUPS IN CONSUMER EDUCATION

Organizers of self-help mutual aid groups play a significant role in helping groups develop content for meetings. They should never dictate what the content of a meeting will be. This is an important part of the technical assistant role of the organizer. Generally the content will be divided into two areas:

- education;
- mutual-aid problem solving.

The Widow-to-Widow Project in Detroit has one educational meeting a month to which the total membership is invited. There is usually a guest speaker at these meetings. Since the membership is about 850, smaller group meetings are held for mutual aid problem solving on a weekly basis. Other groups with smaller memberships often divide their meeting in half. In these groups, the large meeting opens with a formal education segment; then the large group breaks into small mutual aid problem solving groups.

Content for the education portion of the meetings comes from problems which members have in common or from pieces of technical information or skills which all members want to learn. Several consumer education projects around the country have developed consumer guides for older people. In the field test of this curriculum we found two to be especially helpful;

- *Seniors Teaching Seniors:* A Consumer Education Manual for Older Americans developed by the New York State Legislative Institute at Baruch College, City University of New York.
- *Senior Adult Consumer Advisory Manual* developed by College of Home Economics, Texas Tech University, Lubbock, Texas (also available in Spanish).

The following is a partial list of topics which might form basic content areas for self-help groups in consumer education:

- Public Utilities—rates, quality of service.
- Credit and Warranties—forms of credit, debt collection policies, sources of credit, precautionary measures in crediting, federal and state legislation regarding credit, warranty protections, complaint procedures.
- Death and Burial Costs—ways of reducing costs, arrangements, preparing a will, VA and Social Security benefits, regulatory agencies and their functions.
- Frauds, Gyps, and Deceptive Schemes—health frauds, charity situations, home improvement and land schemes, sources of assistance.
- Insurance—types of policies; terminology; Medicare; Medicaid; private health insurance; needs, costs, and alternatives.
- Shopping—strategies for saving, keep-

ing grocery bills down, clothing shopping tips, cooperative buying benefits.

- Consumer Advisory groups—purposes and goals, possibility for linkages, advocacy roles, how to form chapters.

One effective way of assisting self-help groups in developing the content for group meetings is to use the problem solving wheel (p. 145).

The group problem solving process is explained to the group and each member should receive a copy of the wheel. Small groups of two or three people can then select a problem to work on and present to the larger group. The large group can then devise ways in which it can assist individuals in solving problems. This method helps to keep responsibility for content development with the group and encourages the group to utilize the strengths of its members in resolving problems. Once the technique is mastered by group members, it can be used over and over again as the group takes on new problems.

Mutual aid activities are examined in the next section.

SESSION 12

DYNAMICS OF CONSUMER ACTION IN SELF-HELP GROUPS

Purpose: To identify mutual aid activities for group members in consumer education, with emphasis on assertiveness and strategies for handling consumer problems.

SESSION 12: DYNAMICS OF CONSUMER ACTION IN SELF-HELP GROUPS

TRAINING DESIGN

OBJECTIVES	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES	TRAINERS	RESOURCES
To develop mutual aid activities for group members around consumer problems.	Discussion Role Play		Participants will be able to identify ways to encourage self-help group members to organize "buddy" activities around consumer problems.	Staff	
To identify needs of members related to assertiveness in handling consumer problems, and group methods to increase ability to be assertive.	Discussion	Chalkboard	Participants will develop methods to assist self-help group members in becoming more assertive in handling consumer problems.	Staff or Assertiveness Training Expert	
To design strategies for handling consumer problems where group action is required.	Instrumented Exercises	Exercise Sheets	Participants will be able to assist self-help group members in designing strategies to achieve specific goals—e.g., demonstrations.	Consumer Specialist Lawyer	

SUGGESTED FORMAT:

MUTUAL AID ACTIVITIES AMONG GROUP MEMBERS FOR CONSUMER EDUCATION ACTION

1) Ask group members to pair off.

2) Each pair will select one consumer education problem to work on for one week.

3) Allow about 10 minutes for pairs to discuss what problems they will work at. Problems should be real ones where possible. For example:

- grocery budgeting;
- getting a credit refund;
- balancing the check book;
- having faulty merchandise replaced.

4) Ask each partner what specific activities they can perform to help with this problem. These activities should be written down on paper and exchanged between partners as an informal contract and reminder that help is nearby. Sample activities might include:

- grocery budgeting—meeting to prepare a comprehensive grocery list, spotting newspaper specials, accompanying on shopping expeditions.

5) After the week has elapsed, schedule a feedback session where group members share their experience of advocating for and helping each other. Consider these points:

- Did your partner provide real help?
- Were you able to develop and stick to a realistic budget?
- When you were tempted to over-spend, was your partner there to help you stay within your budget?

6) Summarize the main ingredients of the helping process, focusing on the helper therapy principle (i.e., that those who help are helped most).

- What did the person 'helping' gain from the experience?
- Did you gain any new perspectives about the problem of sticking to a budget?

7) Isolate problems which may have bearing on members' work as organizers, and allow time to discuss how these problems will be countered. Using the example of budgeting, some typical problems might be:

- my partner was never available;
- my partner knew nothing about budgeting; or
- my partner helped me overspend.

ASSERTIVENESS TRAINING

1) Conduct group discussion on assertiveness, emphasizing problems older people may have with being assertive in consumer-related situations.

2) Ask group to brainstorm situations where being assertive is crucial. Such situations might include:

- when salespeople call at your door;
- when returning defective merchandise to store;
- when negotiating with a funeral director;
- when reporting a fraudulent scheme of which you've been the victim.

3) Select some of the more difficult situations and conduct reverse role play.

> *TRAINING TIP: A reverse role play is useful where emphasis is being placed on the change in a situation "before and after" a particular event.*

Have several pairs of participants role play high pressure situations from step #2. The older person in this role play will be non-assertive. Identify the behaviors older people should assume in such situations.

4) Role play the same situations again, but now with older people being assertive. List

the differences in outcomes both in terms of the tangible effects and the way one feels about oneself when being more assertive.

5) Ask the group to develop a list of exercises which older people might perform in self-help groups to increase their ability to be assertive. Examples might include:

- role playing situations in which assertiveness is often required;
- being an assertiveness monitor—reporting on self and others when being non-assertive in key situations;
- comparing and contrasting assertive/non-assertive behaviors in other people as they handle situations in department stores, supermarkets, and other places.

STRATEGY DEVELOPMENT

1) Present group with a problem which requires several levels of strategy development in order to be resolved. A typical problem might be the case of a store which directs heavy advertising at older people for merchandise at a price considerably lower than other retailers. A consistent practice of this store is to have only one or two of the items available which sell very quickly. When other customers arrive to take advantage of the sale, they are subjected to a high pressure sales pitch to buy merchandise at a much higher price. The group will try to resolve the problem of what to do.

2) Ask participants to brainstorm possible actions that older consumers might take. Actions might include:

- notifying the store manager or owner in writing;
- alerting other consumers to the merchant's practices;
- notifying the consumer protection agency or Better Business Bureau;
- negotiating with the owner or manager to change policies;
- demonstrating in front of the store to bring consumer pressure for change.

3) For each of the strategies considered, ask the group to identify what the self-help group has to do to implement the strategy. Details to be considered include:

- How do you find out who actually owns a business?
- Is it legal to demonstrate in front of a store?
- What role can consumer agencies play in getting merchants to change unfair advertising practices?

4) For each strategy considered, ask the group to identify what skills and knowledges group members will need in order to be successful. For example:

Strategy	Activities	Knowledge/Skills
Negotiate with store owners to change practices.	• Set up a meeting with owners • Conduct a negotiating session	• How to write a business letter • How to elicit concessions in writing • Knowledge of laws and fair practices • How to negotiate from a position of strength.

5) Break down into small groups, each group working through a problem using the chart in step #4. Ask each group to share its results with the larger group for feedback and critiques.

6) The participants should keep a record of skills and knowledge required for such activities. Consumer education self-help group members will need to develop these skills as their groups take on such responsibilities.

CONTENT GUIDE

MUTUAL AID ACTIVITIES

Consumer education self-help groups incorporate many 'buddy' activities into the life of the group. Members who are non-assertive are helped through difficult transactions by members who are more assertive. Someone who has experienced a recent death in their family can get advice and help in negotiating funeral arrangements from someone who has had a similar experience. Members often get together to share activities like shopping and meal preparation because there is an advantage in splitting costs. In addition, needs for companionship and social activity are met through such groups. These activities frequently occur outside of the group meeting, but the group meeting time is used to start such activities.

The key factor in the development of mutual aid activities is *trust building*. The development of real trust among group members is a slow process which cannot and should not be rushed. It is a part of the group tradition that grows from the informal, casual discussions of problems in the early stages of group development to the solid bonding that emerges from working together over a period of time. The organizer monitors this process carefully and builds on the trust relationships of group members in facilitating the work of the group.

During the New York City and Cleveland training sessions organizers suggested that peer trust among older people was difficult to achieve because:

- people become very independent as they grow older;
- older people are very private people;
- older people have been let down too often in trust relationships;
- older people are reluctant to depend on one another and only seem to trust "experts";
- older people feel they do not have the system know-how that professionals (who are often younger) have; and
- faulty memory makes older people less reliable.

When confronted with these generalized descriptions of themselves on the chalk board, many of the older organizers felt their own observations about themselves were very stereotypical—a by-product of an ageist society. The discussion proved very helpful because it led to an even more productive discussion about the nature and definition of "trust." Group members discussed how to improve their ability to trust each other. When a younger member of the group suggested looking up the meaning of "trust" in the dictionary, several older people suggested the group define trust for itself.

This exercise resulted in the organizers listing ways to improve peer trust among group members. Some suggestions were:

- conduct "trust exercises" as a meeting activity (see p. 111 for a description of a trust exercise);
- encourage members to listen carefully;
- always use members of the group as the first source of knowledge;
- tell the group members when they've done well;
- don't put people down and don't let members put each other down;
- have activity reports where members tell how they benefited from mutual aid;
- the organizer must demonstrate trust in the group at all times.

As greater trust develops among group members, more mutual aid activities will occur. First, the organizer should help group members select activities in consumer education that will meet their needs. This list of activities might include:

- clipping newspaper ads for comparison shopping of grocery prices;
- forming teams to buy single items in quantity;

- exchanging information on human service professionals—doctors, lawyers, dentists, etc.;
- helping to develop assertiveness by role playing;
- developing a food coupon exchange.

These activities can grow into more complex activities. A small group of Senior Citizens in San Jose, California, for example, came together because of their concern for elderly people who could not afford to eat properly. The group began to collect and distribute surplus foods to members. In one year 120 tons of surplus food were collected and distributed.

ASSERTIVENESS IN CONSUMER EDUCATION

Many of the problems faced by older people require a great deal of assertiveness and perseverance to resolve. The National Consumers League (NCL) has developed a training program and manuals for students and instructors entitled: *The Assertive Consumer: Credit and Warranties*. This program can be incorporated into the life of a self-help group. For further information write to NCL, 1028 Connecticut Avenue, N.W., Washington, D.C. 20036.

Using material from NCL, this section is designed to assist trainers and organizers in understanding assertiveness. A dictionary definition of assertive behavior is "the bold, forceful expression of oneself." But a clearer understanding of assertive behavior comes from comparing and contrasting it to non-assertive behavior on the one hand or aggressive behavior on the other. In many situations, the consumer is non-assertive and the salesperson aggressive. The ideal situation would be for both parties to be assertive.

- Assertive behavior—recognition of one's rights and needs and the ability to exercise self-determination in choosing among alternatives.
- Non-assertive behavior—inability to define one's expectations and pursue them; often being controlled or manipulated by others.
- Aggressive behavior—inability to clearly express one's needs or expectations without resorting to "strong arm" tactics or putting others down who are not in agreement.

In consumer situations, these behaviors are represented by the following examples:

- When a salesperson is very rude to a customer, the customer ignores the behavior, purchases the item and leaves. (Non-assertive)
- When a salesperson is very rude to a customer, the customer swears and reminds the person, "I earn more in a day than you do in a week!" (Aggressive)
- When a salesperson is rude to a customer, the customer acknowledges the inappropriate behavior, asks for the behavior be corrected and insists on being treated with respect. (Assertive)

Organizers of self-help groups among older people will want to be aware of the components of behavior which constitute an assertive act:

- Eye contact: Looking directly at another person when you are speaking to him or her is an effective way of declaring that you are sincere about what you are saying.
- Body posture: The "weight" of messages to others is increased when people face each other, stand or sit appropriately, lean in the direction of the person being spoken to, and hold the head erect.
- Gestures: A message accented with appropriate gestures takes on added emphasis.
- Facial expression: Effective assertion requires an expression that agrees with the message.
- Voice tone, inflection, volume: A level, well-modulated, conversational statement is convincing without being intimidating.
- Timing: Spontaneous expression is desired because hesitation diminishes the effect of a statement.
- Content: While *what* you say is clearly important, it is often *less* important than generally believed. Fundamental honesty and spontaneity of expression are crucial. Stop thinking about just the right words to use and say something to convey your feelings. Be certain to take responsibility for what you say, however.

Assertiveness training is one area in which group members can be especially helpful to each other. The following step-by-step process for improving one's assertiveness will indicate opportunities for mutual support.

- Observe your own behavior. Are you asserting yourself adequately? Are you satisfied with your effectiveness in relationships, especially consumer relationships? Pick a buddy from your self-help group and help observe each other's behavior.
- Keep track of your assertiveness. Make a log or diary for a week. Record each day those situations in which you found yourself responding assertively, those in which you "blew it," and those you have avoided so that you would not have to act assertively. Share your log with your buddy. Be honest and open with each other.
- Concentrate on a particular situation. Imagine all the details of how you handled a specific incident.
- Review your responses. Look carefully at the components of your behavior (eye contact, body posture, gestures, etc.) in the specific incident. With your buddy, make a list of your strengths and weaknesses.
- Role play the situation with your buddy. Have your buddy play yourself in the situation. You play the role of an effective model. Compare and contrast your behaviors.
- Consider alternative responses. What are other possible ways the incident could be handled? Could you deal with it more to your own advantage? Less offensively?
- Get feedback.
- Behavior shaping. Repeat the preceding steps as often as necessary to develop confidence in your assertive approach at handling this specific incident. You should be at a point where you feel comfortable dealing in a self-enhancing manner with the previously threatening incident.
- The real test: Take your buddy along for support and feedback.
- Discuss your feelings and experiences with the group. Help others to learn from your experiences.

The following checklist will help group members evaluate their assertive behavior:

ASSERTIVENESS CHECKLIST*

1. Did the person begin with a co-operative, problem-solving approach?
2. Did he or she ask for assistance or cooperation?
3. Did he or she avoid apologies, qualifications, excuses, de-valuing of self?
4. Did he or she refrain from insults, putdowns, sarcasm, hollow threats?
5. Did he or she state the problem clearly?
6. Did he or she make any suggestions for resolution?
7. Was he or she persistent?
8. Did he or she express understanding for the other person's position or statements?
9. Was body used well, that is, neither wooden or distractingly active?
10. Was eye contact maintained most of the time?
11. Was facial expression serious and free from grimaces (making faces)?
12. Did he or she refrain from over-smiling and giggling?
13. Was voice clear, low, firm, steady?
14. Was he or she free of annoying habits and phrases?
15. Did he or she keep hands away from face and hair?
16. Did he or she seem confident?
17. Did he or she seem at ease?
18. Was the situation resolved or further action mentioned?

*Clark and Veraska, 1978

STRATEGIES FOR HANDLING CONSUMER PROBLEMS

Organizers working with self-help consumer groups will be required to provide technical assistance in strategy development. While we each employ strategies on a personal basis in everyday life, the problems of group strategies present special considerations. Most often these considerations will center around how much group pressure will be required to secure expected results.

People will join self-help mutual aid groups expecting action and the support of a whole group on their behalf. Basically, this is good and right. An experience in Cleveland, though, suggests that organizers ought to be warned against immediately resorting to group pressure. A newly organized self-help group ignored the usual complaint procedures in handling a member's problem with a car dealer who failed to live up to the warranty. They threatened group action without attempting to negotiate with the dealer. The dealer responded by having an attorney file a complaint against the group. Many of the members backed off immediately and the complaint that initiated the action died. The group became demoralized as a result.

It is possible to identify three ideas in this situation in which strategy development might have secured the desired results:

1. *Complaint procedures*—The complainant had never formalized the complaint in writing. Each time he attempted to resolve the situation on his own he went in person to the dealer. There was no record of his complaint having been recorded prior to the expiration of the warranty.
2. *Negotiation tactics*—The complainant attempted to argue and reason with the dealer but had very little skill in negotiating. When the dealer made an offer to repair the defect at cost to the owner, he left angrily. Had the offer been put in writing, the complainant's case would have been stronger. The dealer, in effect, had admitted some responsibility for the defective automobile.
3. *Demonstration tactics*—While an orderly demonstration in front of the dealership might have brought some immediate response, the group had not verified procedures for such demonstrations with the Police Department or a legal agency. They were scared off when the dealer's lawyer threatened to sue them for libel. Of course, a demonstration would have been perfectly within their rights.

This group did not have the resource of a trained organizer. An organizer can assist the group in handling such situations by helping it to establish procedures for:

- Documenting the case including a formal complaint form; reviewing records and receipts to make sure they're in order; sending a registered letter to the dealer asking for a response by a specific date; reporting the incident to the local authorities (Better Business Bureau, consumer action agency); maintaining a file on all proceedings; and securing legal resources for the group.

- Negotiation tactics—helping group members understand and develop skills in negotiating; developing with group a list of demands for each specific case; always having witnesses in a negotiating session; determining beforehand what concessions will be made; developing a procedure for obtaining agreements in writing an official letterhead; monitoring the results of the agreement; determining beforehand what actions are to be taken when agreements are not enforced.
- Demonstration strategies—assisting members to understand advantages and disadvantages of demonstrations; securing commitments from members to participate; setting rules for participation including having one spokesperson, maintaining safety conditions, using signs and posters to explain their cause, maintaining appropriate behaviors for demonstrations; securing police permit when required; following up on demonstrations.

The following is a description of self-help activities of a consumer group in Cleveland, Ohio, the Consumer Education and Protective Association (CEPA). By studying this example, trainers will be able to help organizers develop effective groups.

When a consumer comes into CEPA's office or calls on the telephone with a complaint, our approach to that consumer is not "How can we help you?" Our approach is to organize that consumer to help himself and to help other consumers who may be in the same situation.

We don't reach for the phone to call up the offending businessmen and try to settle the complaint over the phone. Neither do we send the consumer to a lawyer to have his case taken up in court, nor to some social worker to give the consumer social service, advice, counseling, nor to some influential citizen or politician to intercede for the consumer and get him out of trouble.

We explain how CEPA works. After checking the essential factors in the complaint to establish that the complaint has some justification, we tell him, "Our members are ready to help you in every way to get your complaint settled. If necessary, we will picket that merchant and expose him to the public. We want to help you settle your grievance and also to warn other consumers not to fall into the trap you are in."

"The only thing we want to know from you," we inform him, "is are you willing to help some other consumer when he is in trouble as you now need our members to help you?"

The answer almost invariably is, "Yes!" Frequently it is an enthusiastic yes—"I am ready to do everything to expose that so-and-so." The prospect of being able to strike back against a dealer who has the consumer "in a trick" transforms a person who is overwhelmed by despair and/or frustration into a person who begins to see a glimmer of hope.

The consumer is asked to sign an authorization granting CEPA the right to take up his complaint. He is asked to join the organization, which costs $2.00. CEPA makes no charge for its services, but does encourage voluntary contributions and monthly dues payments to help the organization meet its expenses. These voluntary contributions are CEPA's only source of income.

The consumer is then directed to the meeting of the CEPA Branch in his neighborhood. Except in emergency cases, no action is taken unless and until the consumer attends the Branch meeting.

"Go to the meeting," we say. These four words contain the secret of successful consumer organization.

When the consumer attends the meeting he hears other consumers rise and tell about their complaints. He gets an entirely different perspective of his own trouble as he hears of the troubles of his neighbors. He learns of other complaints that have been handled successfully by and through the organization. He begins to feel confident that he may be able to be helped by the organization.

A weekly meeting of a CEPA Branch is an intensive experience in consumer education. The course of study, the language, the "teachers," the "students"—all are highly relevant to urgent problems of the people who attend. And, most important in the educational process—the matter does not end with discussion and talk, but action is undertaken to secure redress of grievances. This combination of theory and practice in matters highly relevant to pressing problems of the individual and the community is the ideal of all educational activity.

The new member hears of the plans of the Branch to take action on some consumer complaint. The Grievance Chairman announces that a delegation is to be sent to confront some merchant on a complaint. Members are asked to volunteer to serve on the delegation. The new member hears of plans for a picket line at some other dealer's showroom, where a delegation has been unsuccessful in resolving the complaint.

The consumer hears the Branch leader say: "You have to do your share in helping to settle these complaints, serve on the delegations, come out on the picketing, take part in the Branch's activities. When your turn comes, you are going to want people to help you—therefore you may have to help others."

The whole idea is to show the consumer that his complaint is being handled in and through an organization, and that he has a responsibility to participate if he in turn expects others to help him solve his problem.

Thus consumers are compelled by their own trouble to participate in the action of helping their neighbor. The consumer complaint is the motive force which compels the consumer to join the organization and participate in a mutual self-help process which is the heart and the basis of a consumer action organization.

While experience has shown that many of those whose grievances are settled gradually drift away from the organization once their personal problem is solved, for the present they are compelled to participate and thus provide the fuel and the manpower for maintaining the organization's activity.

In the process of action and settlement of complaints, and the education that develops at branch meetings, there are enough consumers who get the idea of the value of such organization and stay with it for extended periods. They become the devoted core around whom the permanent activity of the organization, the executive members, and the committee members, are built.

Branches follow a simple, but careful procedure in processing grievances and handling complaints. The documents are examined, or the consumer is orally examined by members of a Grievance Committee. Where there is doubt as to the issues or problems involved; specialists and legal counsel are consulted.

When satisfied that the consumer's complaint is justified and worthy of further action, a Complaint Letter is mailed to the merchant, dealer, contractor, finance company, bank, or whatever institution or company is involved. The consumer's complaint is briefly stated and a remedy is suggested, an answer is requested within a fixed time.

If no answer or an unsatisfactory answer is received, an effort is made to arrange for a delegation of consumers to visit the merchant.

A consumer delegation serves several functions. It provides an opportunity to check the consumer's story in a face-to-face confrontation with the merchant. If any facts develop during this meeting which show that the consumer is wrong or mistaken, the complaint is dropped. This is a necessary safeguard against having the Branch undertake unwarranted actions against merchants in support of unjustified complaints.

The delegation also provides the opportunity for the consumers to face the merchant as a group, to begin to exercise the pressure of the community—the merchant's customers. It is no longer an individual consumer alone who is facing the merchant. It is now a problem in which the community is taking a hand.

The delegation gives the members who serve on it the chance to speak up and talk back to the "man" behind the desk—and begin to develop the power that consumers need to exercise in the fight for justice in the market place.

If the delegation is unsuccessful in settling the consumer complaint, the Branch will proceed to organize a picket. Most complaints, however, are settled at the delegation level. However, in the one out of five cases (20%) where picketing becomes necessary, the delegation gives assurance to the Branch that a serious and responsible effort was made to settle the complaint prior to picketing.

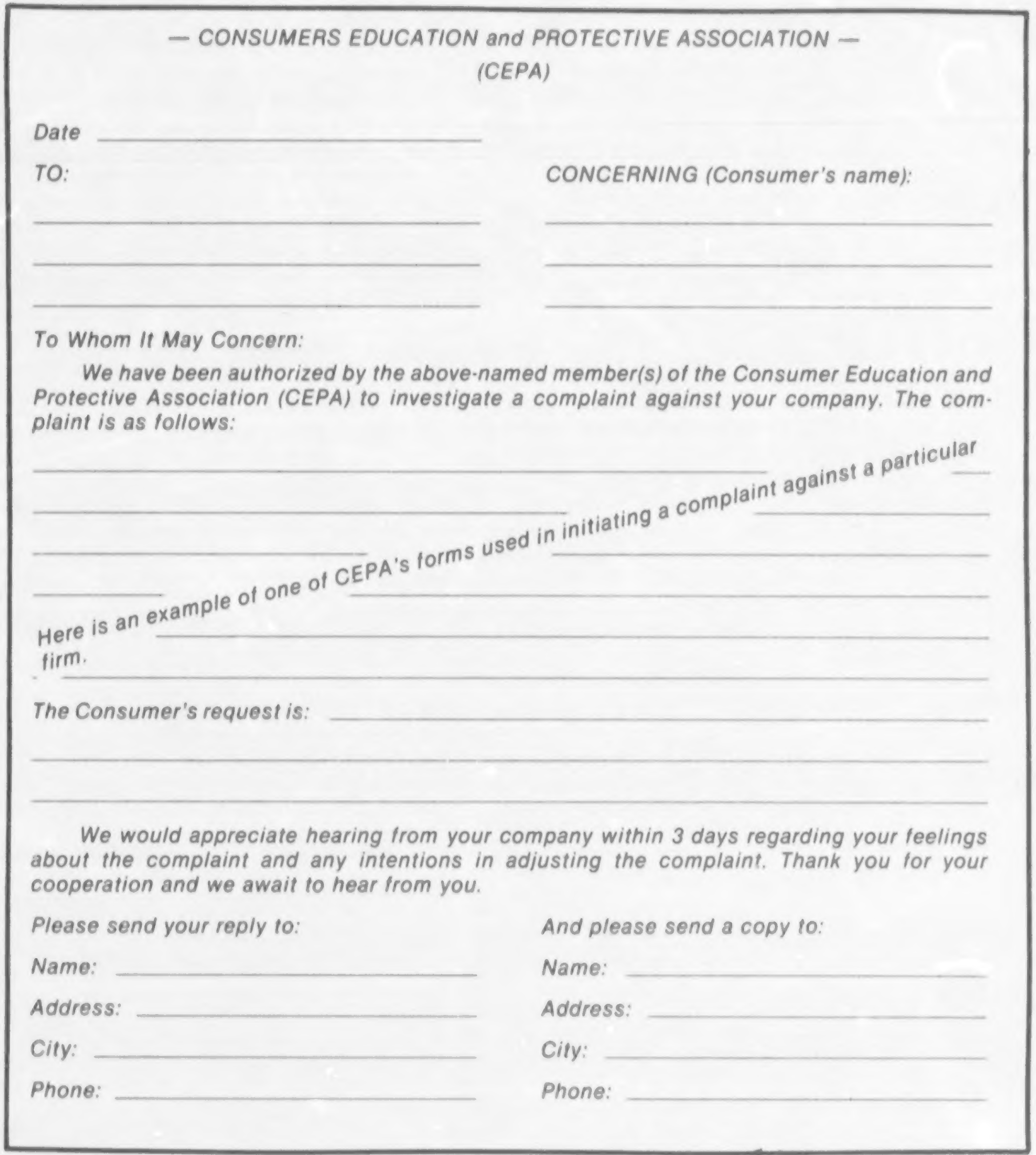
Consumer picketing is essentially different from other types of picketing. Picketing in a labor dispute aims at shutting down a plant to enforce the demands of workers who are on strike. Civil rights picketing aims at challenging unjust laws or procedures and may call for mass violations.

Consumer picketing is essentially educational in nature. Consumers are communicating with other consumers about certain objectionable practices of a particular merchant or in the market place in general. Consumer picketing does not aim at the shutting down of a business, preventing other consumers from going in or out, engaging in confrontation with the police, the merchant, or other passers-by.

Consumer educational picketing is, and must be, a non-violent, peaceful activity. Violent confrontations with a merchant or with the police would confuse the issue about which the pickets are complaining and thus weaken its effectiveness. In almost 5 years of conducting hundreds of pickets, CEPA has not had one single incident of any violation disturbance on its picket lines.

Besides the educational purpose of picketing, consumers are exercising group economic pressure against unfair practices. Where one consumer is helpless, an organized group can be very effective in bringing pressure to bear upon a merchant to settle a complaint. By group action, the balance of power in the market place is shifted to where it rightfully belongs: to the consumer who pays the bill.

(Excerpted from an internal document of Cleveland's Consumer Education and Protection Association. Author is anonymous—as is the case with many sensitive anonymous self-help groups.)



Here is an example of one of CEPA's forms used in initiating a complaint against a particular firm.

— CONSUMERS EDUCATION and PROTECTIVE ASSOCIATION —
(CEPA)

Date ______________________

TO: ______________________

CONCERNING (Consumer's name): ______________________

To Whom It May Concern:

We have been authorized by the above-named member(s) of the Consumer Education and Protective Association (CEPA) to investigate a complaint against your company. The complaint is as follows: ______________________

The Consumer's request is: ______________________

We would appreciate hearing from your company within 3 days regarding your feelings about the complaint and any intentions in adjusting the complaint. Thank you for your cooperation and we await to hear from you.

Please send your reply to:
Name: ______________________
Address: ______________________
City: ______________________
Phone: ______________________

And please send a copy to:
Name: ______________________
Address: ______________________
City: ______________________
Phone: ______________________

SAFETY UNIT

SESSION TOPICS: Session 13: Safety Issues Facing Older Americans

Session 14: Victimization of the Elderly and the Role of Self-Help Groups

SESSION 13

SAFETY ISSUES FACING OLDER AMERICANS

Purpose: To examine three primary areas of safety awareness for the elderly and ways in which self-help groups can foster increased consciousness for members.

SESSION 13: SAFETY ISSUES FACING OLDER AMERICANS

TRAINING DESIGN

OBJECTIVES	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES	TRAINERS	RESOURCES
To examine the impact of aging and the erosion of personal security on older people in 3 areas: personal safety; home and immediate environment; community safety (criminal victimization).	Panel Presentation Listening team	Case Studies Chalkboard	Participants will be able to identify common safety hazards existing in the lives of older people at home and in the community.	Panel of experts and staff	
To explore means by which self-help mutual aid group members can assist each other in increasing awareness of safety needs and ways to live more safely.	Discussion Brainstorm 4-Step Method	Visuals Props for demonstration: pocketbook; wallet; identification card; walking stick or cane; whistle	Participants will be able to identify correct procedures to increase safety in the following situations: living at home alone; using stairs and elevators; walking on street; carrying purse; going shopping; admitting strange people into the home; block watchers	Staff Crime Prevention Officer Police Department Safety Expert Staff	
To develop increased understanding of the psycho-social aspects of priorities among older people.	Discussion "Blind Walk"	Blindfolds	Participants will be able to demonstrate understanding of impact of lack of safety consciousness and practices in terms of: loneliness; fear; isolation; and other dimensions of withdrawal from active life experienced by older people		

SUGGESTED FORMAT:

SAFETY ISSUES/PRACTICES

1) Organize a panel presentation of safety problems among older people. Panelists should represent expertise on personal safety, home safety, and community safety. Experts may be physicians or public health workers, representatives of organizations like the American Red Cross, or safety directors of large corporations, and police, fire, and other emergency personnel. The panel discussion should focus on the need for increased safety consciousness among older people and the elimination of safety hazards in their environment.

2) Assign participants to a listening panel. There should be a "listener" for each panel member.

> *TRAINING TIP: Members of the listening panel of participants are each instructed to pay careful attention to one specific presenter. Following the panel presentation, the "listener" will provide special feedback for the group. See p. 142 for instructions for setting up a listening panel.*

3) Following the presentation, allow time for participants to interact with panel members in a question and answer period.

> *TRAINING TIP: Participants should be cautioned against using the question and answer period to obtain specific information which pertains only to themselves as individuals. Rather, this period should be used by the participants to discuss questions and issues about consumer education which are of a generic nature relevant to the potential members of the self-help groups they will organize. Perhaps a separate time could be set aside to discuss the participants' own personal consumer-related problems with the panelists.*

4) Following the question and answer period divide the participants into small groups. Each small group discussion will be led by a "listener" for the panel presentation. The group discussion will focus on the presentation made by one panel member. The discussion leader will share his/her reaction to the panel presentation and each small group will identify safety issues around which self-help groups could organize. For example, a panelist from the Fire Department might suggest that a disproportionate number of older people are injured or die from fires in their homes. These fires are often caused by careless habits or old, faulty wiring. A self-help group might be able to organize:

- home safety checks;
- educational meetings on fire prevention;
- educational meetings on emergency preparedness.

Each small group should identify ways in which a self-help mutual aid group could help older people be better prepared to handle safety problems.

5) Reconvene the large group and conduct a shared feedback session on problems discussed. Separate the problems into two columns: the first column for problems which older people can handle themselves; the second for problems which advocacy by a safety group might help to resolve.

Problems for Mutual Aid Action	Problems for Group Advocacy
• how to spot safety hazards at home how to handle emergencies like falls and burns • how to make apartments more secure	• how to obtain property improvements in rental properties • how to get increased security patrols from the Police Department • how to organize escort services

6) Summarize this activity by proposing ways in which content can be incorporated in self-help group meetings. For example:

Educational Activities	Practice/Drills	Advocacy Activities
Sessions on improving home safety by checking faulty wiring and appliances, and developing emergency procedures.	Practice how to escape if a fire occurs. Crawling along floor, getting out of windows safely, reporting a fire.	Negotiating with property owners (landlords) to improve safety conditions.

LEARNING/TEACHING MUTUAL AID TECHNIQUES IN SAFETY

1) Conduct introductory discussion on the need for older people to develop new safety consciousness and living habits in order to live more securely. Discuss ways in which self-help groups will help members to do this:

- educational meetings;
- skills practice sessions;
- reinforcement by "each one teach one."

2) Brainstorm daily living situations in which older people need to acquire new habits—for example:

- living alone;
- walking on the street;
- carrying money or credit cards;
- using stairs and elevators;
- admitting strange people into house;
- block watching for criminal activity.

3) For each situation identified, role play a traditional way of going about the activity.

TRAINING TIP: This is a spontaneous role playing situation which does not require structuring in the way other role play exercises have.

Ask someone to volunteer by saying, "Show us how you carry your pocketbook."

4) Since very few women carry pocketbooks correctly, it will probably be possible to show how quickly and easily it can be snatched

away.

5) Demonstrate the appropriate way to carry a pocketbook and allow all participants to practice. (Even the men should practice so they may help women to learn in other situations.)

6) Repeat these demonstrations for each new habit to be acquired. After the technique has been practiced by all participants, ask group members to practice *teaching* another person. (This exercise can be done at home.)

7) Ask local crime prevention officer to conduct "block watchers" training for organizers. Each organizer should take the course and then encourage members of self-help groups they organize to become block watchers.

8) Summarize this series of activities by discussing implications for organizing groups and incorporating 'each-one-teach-one' demonstrations into group meetings.

PSYCHO-SOCIAL PROBLEMS AND SAFETY

1) Conduct a "blind walk" to help participants identify psychological implications of fear and their impact on safety.

> *TRAINING TIP: A "blind walk" is a simulated exercise in which participants will concentrate on how it feels to experience the fears older people feel in trying to move about the community.*

2) Ask several participants to volunteer for the blind walk. Each volunteer will be blindfolded and asked to move about the training area for three minutes. No other person in the training group should help or distract the "blinded" people.

3) At the end of the three minutes, ask participants to identify their feelings. Use the following questions to elicit responses:

- Did this familiar environment pose certain difficulties as you moved about?
- What caused the most fear in you?
- How were you able to cope with this fear?
- Did you feel threatened by the people knowing you were incapacitated and doing nothing?
- Can you relate this experience to feelings older people in our community might have?

4) During the discussion, emphasize certain points:

- even familiar territory can create fear when one is incapacitated;
- fear makes one so cautious that faltering is more likely;
- one feels helpless in trying to deal with fear.

5) Now conduct the exercise again with the previously "blinded" volunteers serving as guides to new volunteers who are now blindfolded for this version of the blind walk. The guides are to lead their charges as competently as possible—telling them how to move and guiding by one arm around the shoulders and one hand on the wrist or arm of their charge. Allow three minutes for the trust walk.

6) At the end of the three minutes, compare and contrast feelings as a result of participation in their mutual aid exercise. Two sets of responses should now be elicited:

(From the original blinded volunteers)

- Did you feel more responsible as an escort than you would have if you were never "blinded"?
- How did you help to inspire trust in your ability to guide?
- Did your charge seem hesitant and entrusting? Why?
- Would being a "guide" help to reduce some of your fears in a real-life situation?

(From the newly blindfolded)

- How easy was it to trust your guide?
- Did you feel that the guide's prior experience being blindfolded would make him/her more responsible in helping you?
- What were your fears, in spite of having a guide?

7) Summarize this exercise by relating these feelings to the real life experiences of older people. Focus the discussion on the question, "How can mutual aid activities relieve some of the psycho-social problems of aging, especially those related to safety?"

CONTENT GUIDE

BEING OLDER AND LIVING SAFELY

While this section on safety will focus on the more prevalent problems of community safety and anti-crime efforts, organizers should not overlook the need for safety self-help groups to deal with *the* most common source of injury to older persons—falls and other accidents. Unlike criminal victimization, common injuries are usually the fault of the victim's own neglect in taking precautionary measures to prevent accidents. Therefore, self-help safety groups ought to be concerned with identifying, discussing, and correcting the causes of falls, cuts, burns and poisonings. This is one area in which safety, health, and consumer education overlap, suggesting a common core of training for organizers. Self-help group meetings should be arranged not only to discuss common injuries and how to prevent them but to practice emergency first aid skills. Organizers should be trained on how to adapt material in safety manuals and other guides to provide content for self-help group meetings.

The following guidelines developed in the *Senior Adult Consumer Advisory Manual* provide very sound information but it is the kind of material that must be innovatively adapted for use in group meetings. (Trainers also might use it as a source for an instrumented exercise). Unless adequately treated, such material is dismissed or pooh-poohed by group members because it sounds so simple. However, statistics indicate that these are not common practices, and the result is many injuries to older people.

SAFETY IN THE HOME

An individual's body is his or hers—and should be handled with care.

As individuals get older, they become a little more fragile. More caution is needed, and recovery from falls takes longer than at younger ages. It is well to take the extra care, the extra time, and to do the extra planning necessary for safety.

Often, just being aware of danger helps to avoid it. It is important to take this extra care and do the extra planning in the home—inside and outside.

In and about the home is where more than 43% of all accidental injuries occur. Falls lead in the cause of accidental deaths and injuries for older people. Burns, cuts, and poisonings also harm many in the home.

Treatment of injuries add to already high costs of living for the elderly. The following are ways to reduce these costs.

FALLS

A. Actions to Take

1. Get rid of scatter rugs or anchor them firmly on a non-slip mat underneath.
2. Wipe up spilled liquids (milk, water or grease) immediately.
3. Keep traffic lanes through all rooms free from hazards to stumble over.
4. Identify the top and bottom steps by painting them a different color. Then individuals will always be ready for the last one, up and down.
5. Mend all rugs—frayed spots cause tripping and falling.

B. Precautions

1. Always light the way ahead when entering a room or going up or down stairs.
2. *Never* have small rugs at the top or bottom of stairs.
3. Avoid floppy slippers or unmended shoes which can create excellent conditions for a fall.
4. Be especially careful getting into and out of a tub or shower stall. Have a non-skid rubber mat or safety strips in the bottom of the tub—a non-slip mat beside it. Have a grab bar to assist with getting up and down.
5. Have a sturdy ladder. A rickety ladder *is not* a good friend. Prop it carefully. Make sure it is placed directly under the object being reached. Do not reach out beyond the ladder more than 12 inches on either side. If possible, have someone hold the ladder steady. If alone, hold on to a door or firm fixture when going up or down the ladder.

BURNS

Unfortunately, more than 25 percent of all deaths from fires and explosions involve older people.

A. How to Avoid

1. Do not smoke in bed or anywhere when sleepy.
2. Install a smoke detector.
3. Use larger ash trays, with islands in the middle, to keep cigarettes or hot ashes from falling out and starting fires.
4. Use butane lighters instead of matches which extinguish when the finger is removed from the trigger.
5. Do not forget to put out *ALL SPARKS* from matches, cigarettes or fireplaces.
6. Do not use matches to search in closets.
7. Be sure all burners and appliances are turned off after use—especially a heating pad if you are getting sleepy.
8. Handle electrical appliances with care. Never touch electrical connections with wet hands or when standing on damp ground.
9. Screen room heaters as much as fireplaces. Do not get too close to the heater either.
10. Check electrical circuits for overloading.
11. Replace all frayed electrical cords.
12. Make certain the fire screen is large enough to cover the fireplace opening—then be sure to use it.
13. Have the chimney flue cleaned regularly.
14. Don't panic if an accident occurs.
15. Buy flame resistant sleepwear. This may prevent clothing fires and subsequent burns.
16. Do not spend the day in night clothes—if possible, get dressed.
17. Keep flammable liquids in proper safety containers.
18. Never smoke when tired or drowsy if taking medication.

B. What to Do

1. If clothing ever catches on fire, do not run. Drop down to the floor and try to smother the flames by wrapping a blanket, rug, coat or other heavy material around the body and rolling over slowly. Start wrapping at the neck to keep the flames from face and head.
2. Treat burns in the following way:
   a. Submerge the burned skin area into ice water. Leave the burned area in the ice water until the pain disappears. If this cannot be done,
   b. Apply cloth towels that have been soaked in ice water to the burned area.
   c. Do not use greasy ointments on the burned area.
   d. Contact a doctor or other medical help if the burns are serious.

FIRE SAFETY

A. Escaping Fires

1. Plan escape route from all rooms in home. Work out an alternate route in case the primary route is blocked.
2. Practice using the escape routes.
3. Close the bedroom door before going to sleep. If fire should break out elsewhere in the house, the closed door may keep flames, gases, or smoke away long enough for rescue. Flames terrify, but inhaled gas is the greatest danger in a fire.
4. Never open a hot door. If smoke is detected or there is a possibility of fire in the house, touch test the inside of the door. If it is hot, do not open it. Go to the window and wait for rescue there.

B. Smoke Detectors

Smoke detectors are about the size and design of door chimes. They can be mounted on the ceiling or a wall. Smoke detectors work by detecting early traces of smoke and setting off an alarm. There are two types of smoke detectors.

1. Ionization chamber smoke detectors. This type of detector uses a tiny radioactive source to charge the air in the chamber. When smoke is detected, the reduction of the electrical current triggers the alarm.
   a. *Advantages*: Battery powered, easily installed, prices vary.
   b. *Disadvantages*: Battery size may range from AA alkaline cells to 12.6 volt batteries. This can be expen-

sive, usually $5.00 to $7.00 per year. This type of smoke detector should be returned to the manufacturer for disposal after it has worn out because it has a low level of radioactivity.

2. Photoelectric smoke detectors. Photoelectric detectors are slower than ionization in detecting fires, but respond more rapidly to smoldering fires and smoke. Smoke enters the unit and interrupts and reflects the light from a small bulb onto a photoelectric cell, which in turn sets off the alarm.
   a. *Advantages*: Does not need batteries and replacements. Does not have to be returned for disposal.
   b. *Disadvantages*: Requires 220 volt installation because of heavier power requirement.

C. Mattresses and Mattress Pads

1. Mattresses and mattress pads (but not pillows, box springs or upholstered furniture) were first required to meet flame retardant standards in 1973.
2. Mattresses which *do not* meet the standard, must be labeled with this explanation.

D. How to Put Out Fires

1.Fire from Grease
For grease fire in the oven, close oven door and turn oven off.
Smother with soda

2. Fire from Electricity
Unplug or shut off electricity. If plug is pulled, it is safe to use water.

3. Fire from Coal or Wood
Cover with water.

4. Fire from Kerosene or Gasoline
If it is a small fire, cover with sand or dirt. For a larger one, get away from it and call the fire department.

5. Keep dry chemicals or carbon dioxide extinguisher, for use on electrical and gas fires.

MEAL PREPARATION

A. Actions to Take

1. Discard all broken or chipped glasses and dishes.
2. Secure sharp knives in a knife rack or other protective device.
3. Strike the match before turning on the gas, if using gas range.
4. Clear a solid flat surface on which to set down a hot pan *before* removing it from the stove.
5. Make potholders immediately accessible to the stove—do not use an apron corner or towel to pick up hot items.
6. Do not let liquids boil over—but if they do, get out of their way. Remember, boiling water is 212° FarenHOT!

B. Precautions

1. Do not wear flowing sleeves or sashes in the kitchen.
2. Beward of steam burns. Raise pan lids so they protect hands and face from escaping steam rather than expose them. Use big oven gloves to protect wrists—not small potholders.
3. Avoid touching heating element. Persons can get a bad burn from electric range burners even though the heating element may not be red.
4. Turn all pothandles in when cooking but away from flame or burner.
5. Check lighted burners often—make sure they are burning properly and that gas is not escaping. See that the pilot light is lighted.

METHODS FOR TREATING POISONS

Directions on containers currently in use have been found to be misleading. The preferred methods are given below:

A. Acids or Alkalies

For ingestion of *strong acids or alkalis* such as drain cleaner, toilet bowl cleaners, oven cleaner, lye products, ammonia products, dishwater detergents and low-phosphate detergents—Drink milk or water in large quantities and seek medical care. Do not give vinegar, citrus juice or oils; they can make the condition worse.

B. Methanol and Related Products

For *methanol and related products*, such as anti-freeze, windshield-washer, shoe dyes, shoe polish, paint remover and primer-sealer. Use syrup of Ipecac (emitec, which induces vomiting).
If syrup of ipecac is not available, give

water and try to make individual vomit by gently tickling back of throat with spoon or similar blunt object. The patient should be placed in spanking position when vomiting begins.

—excerpted from Texas Tech University (1977)

GROUP SAFETY PROJECTS

Once organizers have worked with group members to establish basic safety precautions for the home and immediate environment, mutual aid activities can be developed to help facilitate implementation of safety measures.

A routine safety check of a home or apartment might reveal the need for some necessary repairs, e.g., replacing floor tiles, tacking down rugs, marking first and last stairs, improving wiring and installing smoke detectors. Rather than purchase or pay for these services, self-help group members should consider a skills exchange. Retired crafts people can provide advice and training in minor home repairs which will save money for older persons who often cannot afford to purchase services. In San Antonio's Mutual Aid Self-Help Project, older volunteers perform many of these services. Window panes are replaced, light carpentry work done, electrical repairs and installation of grip bars in bathrooms are all services provided by the elderly volunteers. In turn, they have used skills they acquired in training. They report that they feel as if they've made a significant contribution to the community. Many of the elderly in San Antonio are able to remain in their homes because other older people provide these pervices.

A similar self-help mutual aid project is being tried out in a number of small communities throughout England and Scotland. For example, Link Opportunities uses a barter system of exchange. People who need a particular item or service are put in touch with other people who have the skill required to meet that need. But instead of a straight exchange of one good or service for another (as in the barter system), people perform services in exchange for *stamps* at the rate of one stamp for every hour worked. The stamps are issued by the Link Opportunities office. A person joining the project is given four stamps to begin with. To earn additional stamps, the person must perform some kind of service for another member of the project and will earn stamps at the rate of one stamp per hour worked. Conversely, when the person wishes to have some service performed, he or she will pay the provider at the rate of one stame per hour.

A typical example of how the project works might look like this: Mr. Jones hears about the Link Opportunities project on the local radio station and thinks it sounds like a good idea. He telephones the office and asks them to send him an application form to join the project. After Mr. Jones completes the application form (which asks him to describe some of his talents, skills, and interests), he mails it back to the project office. Mrs. Steiner, the Links Opportunities project coordinator, reviews the application form from Mr. Jones and telephones him with a few additional questions to pinpoint some of Mr. Jones' other talents. Mrs. Steiner then mails four of the special Link Opportunities stamps to Mr. Jones.

The next week, Mr. Jones' bathroom sink starts leaking. He calls Mrs. Steiner at the Link Opportunities office and asks for a plumber. Mrs. Steiner looks through the project's files and finds Ms. Lockhart, who has the needed plumbing skills and is a member of the Link Opportunities project. She gives Ms. Lockhart's telephone number to Mr. Jones who then telephones her and arranges for an appointment. When Ms. Lockhart has finished fixing Mr. Jones' sink, he pays her at the rate of one stamp per hour. Since she worked for three hours at the job, Mr. Jones pays Ms. Lockhart three stamps. Mr. Jones has one stamp left.

Fortunately, the next week Mr. Jones received a call from another member of the Link Opportunities project who needs some typing done. Mr. Jones jumps at the chance and earns five stamps for the five hours of work he performed. In this way, the cycle of exchange continues.

To organize such an exchange, the following steps are necessary:

- Publicize the initial availability of the project so that enough people will join to make it worthwhile. It is necessary to have enough people involved so as to make the pool of both needs and skills large enough to be "matchable".

- Develop the questionnaires used for learning about people's "assets" (skills, talents, abilities, etc.) and a filing system to keep track of these questionnaires once they are completed.
- Develop the stamps which will be used as the medium of exchange.
- Respond to requests for questionnaires and information about the project from those interested in joining it.
- Respond to individual requests when someone requires that a particular item or service be provided (i.e. providing the "match-up" between the person needing an item or service and the person with the skill to provide or perform it).
- Maintain files and continue answering requests for information.

Once the project is in operation, one of the project's members may want to take over the operation from the "professional" coordinator. To make the project a genuine mutual aid activity, perhaps some system for "taxing" the group members a certain percentage of stamps so as to support the activities of the coordinator could be devised.

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After the safety self-help group has identified and dealt with some of their basic home safety needs, group members may want to turn to safety issues *outside* the home. Many older people reminisce about days not long ago when they moved freely about the community and only locked their doors at night. Unfortunately, our present living conditions require more stringent safeguards in every aspect of day-to-day living. Many senior citizens have not been adequately prepared for living under such conditions. Some situations are easier to remedy than others. Although criminal justice agencies address the problem of victimization of the elderly, self-help groups can prepare older people to live more safely. Organizers should be trained to provide help in these areas to self-help group members:

- Living alone: How to summon help in an emergency;—proper use of the 911 telephone system (used in many cities around the country);
- Precautions for using stairs and elevators in public buildings;
- Walking on the street: ways to minimize muggings and to feel safe;
- Carrying valuables: how to secure money and credit cards on your person while out in public; proper way to carry handbags; what to do in case of a mugging;
- Admitting strangers to your home: getting proper identification; reporting suspects; what to do in case you discover a stranger in your home;
- Helping others to live more safely: how to be a block watcher.

Some of the valuable information provided by the Senior Citizens Anti-Crime Network (SCAN) in New York for the organizers there of older persons included advice for handling situations mentioned above and many practical tips.

- Memorize your precinct direct dial telephone number. Not one person in the room had memorized the telephone number of their local precinct. Non-emergency calls are responsible for the delays in answering 911; the local precinct should be called only when an emergency is not involved.
- You can prevent the elevator from taking you to the basement by entering the elevator, pushing the basement button, getting off the elevator, and waiting for it to come back up because you have pressed the "up" button. Even if someone in the basement then calls for the elevator, they must wait until it has gone up and begins to descend again.
- When walking on the street, carry your keys and a whistle pinned to the inside of your clothing. Walk close to the curb and away from recesses and bushes. If someone grabs your purse, don't struggle to retrieve it because all of your money and valuables should not be in it. Use your whistle to scare off attackers and summon help.
- If a stranger knocks on your door and wants to get in, say just a minute and go to the phone to call for help. If the stranger sounds legitimate, ask for identification to be slipped under the door. All utilities and human service organizations should provide personnel with I.D. cards. If you're still not certain, call the company and ask if a representative is supposed to be at your home. A crook will not wait around, a legitimate caller will.

SESSION 14

VICTIMIZATION OF THE ELDERLY AND THE ROLE OF SELF-HELP GROUPS

Purpose: To identify useful strategies in reducing the victimization of the elderly and to explore techniques for group problem solving in this area.

SESSION 14: VICTIMIZATION OF THE ELDERLY AND THE ROLE OF SELF-HELP GROUPS

TRAINING DESIGN

OBJECTIVES	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES	TRAINERS	RESOURCES
To examine advocacy role of self-help mutual aid groups in fostering strategies to eliminate victimization of the elderly.	Discussion	Safety pamphlets and program descriptions from community organizations	Participants will be able to articulate function and activities of various advocacy groups working to eliminate problems of victimization of elderly.	Staff and Crime Prevention Office or Agency Representation	
Develop ability to apply problem solving techniques to problems of victimization of older people in the community.	Demonstration 4-step method Field Visit Instrumented Exercises Role Play	Exercise Sheets	Participants will be able to demonstrate correct procedures for: reporting a crime, preventing common crimes against elderly (i.e., con games, push in burglaries, etc.), appearing as a witness, obtaining relief for victimization	Crime Prevention Officer-Representation from District Attorney's Office	
			Particiants will be able to isolate one problem related to safety of older people and, applying problem solving technique, complete an exercise designed to resolve that problem.	Staff	

SUGGESTED FORMAT:

UNDERSTANDING VICTIMIZATION AND THE CRIMINAL JUSTICE SYSTEM.

1) Conduct group discussion on victimization of elderly, including facts related to:

- increasing crime rate against elderly;
- types of crimes against elderly;
- problems in handling crimes in criminal justice system.

2) Have crime prevention expert discuss and demonstrate (use 4-step method where appropriate) the correct procedures for

- reporting a crime—using 911 emergency network,
- preventing common crimes—purse snatches, con games, push-in robberies,
- appearing as a witness,
- obtaining relief for victimization.

TRAINING TIP: For information on the 4-step method, see p. 140.

3) Make an appointment through the District Attorney's Office or the Community Relations Office of the Criminal Court for a tour of the courts. All participants should see how the courts operate, what the step-by-step process is from the time a crime is reported until a trial is held or the case is otherwise disposed of. This field visit should emphasize the roles of the victim and witnesses in these proceedings.

4) Following the demonstration session and the court visit, set up a session for participants to design ways to incorporate anti-crime measures into the content of self-help groups in safety. Divide the participants into small groups and distribute the problem solving wheel to each participant.

TRAINING TIP: The 'Problem Solving Wheel' is a guide for use in resolving complex problems. For further information on the Problem Solving Wheel, see p. 145.

5) Guide participants in the use of the problem solving wheel by explaning the eight steps using a problem related to victimization of the elderly.

TRAINING TIP: Be certain that problems are stated in a way that leads to a solution. For example, state the problem like this: How can we help to prevent push-in robberies? Not like this: *There are too many push-in robberies.*

Problem solutions should focus on self-help mutual aid techniques which can be supported by self-help groups in safety.

6) After each group has completed the problem solving exercise, reconvene the total group and share content of the exercise. Encourage participants to react to proposed plans for resolving victimization problems.

7) Summarize this discussion feedback by examining implications for organizers of self-help groups in safety:

- What kinds of safety groups are needed in this community?
- How can we work with other agencies to establish such groups?

SELF-HELP GROUPS IN SAFETY

1) Distribute an instrumented exercise designed to assist participants in organizing a self-help group in safety. Review steps in organizing a self-help group (see p. 000).

2) Divide participants into small groups of five to seven people. Each of these groups should develop a plan for organizing a self-help group in safety.

3) Designate a specific amount of time for each group to develop a plan. Within 45 to 60 minutes each group should be able to answer the following questions:

- How will members be recruited?
- How will the organizer open the first meeting?
- What safety problem will members be able to work on in the group?
- How will members be able to help each other?
- What activities might the group engage in to help solve problems of safety?

TRAINING TIP: See p. 139 for designing instrumented exercise.

4) When the total group reconvenes, instead of the usual shared feedback discussion, have each group role play the opening session of the self-help group it plans to organize. One group member should play the organizer and other participants will play older people with a variety of safety concerns. The subject of this meeting will be: What are the benefits of joining a self-help group?

TRAINING TIP: Follow the guidelines for structuring role plays on p. 138.

5) After each role play, participants should share reactions and implications for their work as organizers which are raised by the role play.

CONTENT GUIDE

VICTIMIZATION OF THE ELDERLY

The elderly are often described as prisoners of fear because today criminal victimization is a major problem affecting their daily existence. Depressed urban environments are still home to 60% of the 22 million people over 65 years of age in this country. They share the same terrain with many of the people representing society's most chronic disorders: The unemployed, the drug addicted, the teenage school drop out.

Victimization not only robs the elderly of possessions; the toll in psychological devastation is far greater. The elderly are often repeated victims of the same offenders. The impact of this continued stress promotes or exacerbates health conditions that are life threatening—elderly survivors of muggings have been known to die from resultant heart attacks. To round out the picture, organizers of self-help groups must assess the effects of criminal victimization and the special way it affects older people. For example, $20 stolen from an older person represents a much greater loss than to a middle aged or younger person. That $20 may be a food bill for two weeks or an unreplaceable portion of the rent. An older person's television is often the primary source of entertainment and link to the world beyond the barricaded apartment. An injury sustained by an older person will not heal nearly as quickly and maybe not as well as an injury sustained by a younger person.

For the elderly poor, a move to the "safer" suburbs is not possible. Living on a fixed income requires inexpensive housing, public transportation, and immediate access to stores and services. Studies have indicated that the fear of crime is much greater among low income Blacks than other population groups. Of those with incomes under $3000 per year, 31 per cent felt (fear of) crime was a major social problem, while only 17 per cent of those with incomes of $15,000 or more expressed that fear. In another study, 47 per cent of the elderly white population feared walking alone in their neighborhoods compared to 60 per cent of the elderly Blacks expressing the same fear. (U.S. House of Representatives, 1976.)

Elderly people are victims of the same crimes which affect other segments of the population, but the rates for specific crimes like robbery, swindling, purse snatching and even murder are higher for persons over 65 years of age. Compounding the impact of victimization are problems related to handling crimes against the elderly. Older people are often so afraid of reprisals, they do not report crimes to the authorities, thus being ineligible for victim compensation. Police records also indicate an unwillingness among elderly crime victims to facilitate the prosecution of a reported crime.

Organizers will want to investigate local programs to assist crime victims and eliminate the problem of the victimization of the elderly. The National Council of Senior Citizens (1511 K Street, N.W., Washington, D.C. 20005) can provide program descriptions of funded projects under its Program on Criminal Justice and the Elderly.

SELF-HELP MUTUAL AID GROUPS AS A STRATEGY TO REDUCE THE RATE AND IMPACT OF CRIME AGAINST THE ELDERLY

One set of statistics obtained from a report of the Subcommittee on Housing and Consumer Interests of the U.S. House Select Committee on Aging demonstrates the reasons why self-help groups can be effective in reducing crime against the elderly. In Wilmington, Delaware, 105 persons surveyed had been victimized a total of 144 times. The crimes usually occurred within four blocks of home where *76 per cent of the victims lived alone.* (U.S. House of Representatives, 1976). Clearly the elderly person living alone or walking alone is a primary target. Many people who live alone tend to do other things like shopping and banking alone.

Self-help mutual aid groups provide alternatives for members to patterns of living which make them the easy prey of criminals. Some of these group activities include:

- "Buddy" activities for shopping and banking;
- Escort services for handicapped elderly;
- Block watching to report crimes or suspicious activities;
- Push-in prevention.

These activities basically involve organizing groups to do many things which people might ordinarily do alone. Scheduling and coordinating activities for the groups is handled by team captains who are group members. In high crime areas, these self-help groups are often assisted by younger community workers and even police officers for added protection.

Block watching is a valuable community service performed by older people trained to respond quickly to suspected or actual criminal activity. By participating in block watcher's training, older people learn new skills for responding in emergencies, gain confidence, feel safer, and have special access to the police precinct. When self-help groups take on block watching as an organized activity of the group, members help each other reinforce new skills.

Self-help mutual aid strategies for people living alone in high rise apartment buildings or housing complexes work to prevent push-in robberies. Groups of people, who are organized into clusters by the floors on which they live, set up schedules for shopping, etc. When an elderly person returns home, instead of using a key to gain entrance to the building, he or she rings all of the bells of the other cluster members. The members all open their doors to make certain the individual gets safely inside the apartment. This tactic is likely to scare off thugs who follow individuals home, wait for individuals to open their apartment door, then push them inside and rob them.

The importance of group development is the key to the success of these plans. The group provides the on-going reinforcement and support after crime specialists have provided critical training. Self-help mutual aid groups are also valuable in reducing the *impact* of crime on the elderly. Victim Assistance Groups, Court Witness, and Court Monitor Groups work to make certain the elderly crime victim is supported throughout the process, from reporting the crime until the case is disposed of through the courts.

Victim Assistance Groups work closely with the Police Department and are notified when an elderly neighbor has been the victim of a crime. An experienced member of the group goes to the precinct or the victim's home and stays with the person until family or other relief is provided. The self-help group member explains the processes involved in filing charges and taking the case to court. The services of the group are offered to the victim which include:

- help in filing for victim compensation;
- friends to attend court throughout the proceedings;
- a home to stay in if needed;
- meals and transportation to and from the court if not provided by the district attorney's office or police.

Police officials indicate this kind of help is crucial in obtaining indictments against offenders. Too often, older people will not go to the precinct or court for fear that the offender will retaliate. Without the willingness of the victim to file a complaint, officials are thwarted in their efforts to win convictions.

Other self-help groups of older people have actively taken on the cause of getting more convictions against perpetrators of crimes against the elderly. These groups attend court sessions involving crimes against older people to assure that the courts give stiff sentences, particularly to juvenile offenders. While very sensitive issues are involved in these activities, increased communication between the criminal justice system and the elderly community has been beneficial. In New York City and other larger urban areas, teenagers and even youth gangs are helping to reduce crime against older people.

SESSION 15

SELF-HELP MUTUAL AID ACTIVITIES FOR THE HOMEBOUND/ HANDICAPPED ELDERLY

Purpose: To explore ways in which self-help mutual aid activities and groups can be fostered among the homebound elderly and in institutional settings with emphasis on the helper therapy principle

SESSION 15: SELF-HELP MUTUAL AID ACTIVITIES FOR THE HOMEBOUND/HANDICAPPED ELDERLY

TRAINING DESIGN

OBJECTIVES	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES	TRAINERS	RESOURCES
To examine ways in which self-help mutual aid groups might benefit the homebound and handicapped elderly.	Large and small group discussion Case study	Case studies	Participants will develop plans for organizing self-help groups among elderly people who are homebound and/or physically disabled.	Staff trainer and geriatric nurse or social worker	
To develop a list of mutual aid activities for homebound/handicapped people which incorporate the "helper-therapy" principle.	Review Discussion of Helper Therapy Principle Brainstorming	Flip Chart "Helper Therapy Principle" Chalkboard	Participants will develop a list of mutual aid activities for handicapped/homebound elderly. Each activity on the list will be one where help can be given as well as received.		
To explore settings in which homebound/handicapped elderly live where mutual support projects will be initiated.	Instrumented Exercise Group Discussion	Brochures which describe floor plans or nursing homes, group homes for olders, and/or Senior Citizens' Housing Projects	Participants will be familiar with the problems of institutionalized living that mitigate against the organizing of groups. Participants will design plans for overcoming or neutralizing problems so that residents may participate in self-help groups.		

SUGGESTED FORMAT

MUTUAL AID NETWORKS FOR HOMEBOUND/HANDICAPPED

1) Introduce discussion of problems of homebound and handicapped elderly which self-help groups might improve. Such problems might include:

- loneliness and isolation—need for companionship;
- inability to perform certain tasks—need for services;
- feelings of uselessness—need for productivity;
- lack of resources—need for information.

2) Develop a list of ways in which people might interact without participating in regularly scheduled group meetings. Examples might include:

- use of telephone;
- newsletter exchange;
- public service radio/television;
- closed circuit television.

3) Distribute a case study based on older people living in a housing complex where they can move about the building but cannot get out of doors easily.

TRAINING TIP: Develop the case study so that these two points are emphasized; there is a mixture of homebound and handicapped elderly, and there are some services provided. For more information on case studies see p. 142.

4) Distribute the same case study to small groups of participants and allow enough time for each group to develop a plan for organizing a group. The plan should answer the following questions:

- What would be a good size group?
- How would you explain self-help mutual aid to prospective members?
- What will prospective members be able to contribute to each other?
- How might the group communicate effectively?
- What are some of the activities group members could do?

Reconvene the total group and compare plans. Weigh the effectiveness of each plan. Which ideas seem best able to work in the setting described in the case study? Why? Which plans would be more difficult to implement? Why?

6) Conduct a Force Field Analysis with the group to determine what are the advantages of encouraging small self-help groups among this special population of older people as opposed to providing direct services to each person.

TRAINING TIP: A force field analysis is a system for weighing the advantages and disadvantages of a particular plan. See p. 143 for designing a Force Field Analysis instrument.

7) Distribute an instrumented exercise designed to foster use of older persons as resources in meeting their own needs. Participants will divide into small groups and develop a plan to organize a self-help group among this special population of older people. The plan should specify what problems older people encounter in institutionalized settings which self-help groups might resolve.

8) Conduct shared feedback and discussion after all groups have completed their plan.

HELPER THERAPY PRINCIPLE

1) Using a flip chart, outline the principles of "helper therapy," emphasizing the giving as well as receiving of help.

2) Ask group to identify traditional forms of direct service to the olderly homebound. For example:

- telephone reassurance;
- meals on wheels;
- friendly visiting.

Point out that these types of services place recipients in a passive, dependent role.

3) Ask the group to identify ways in which

some of the direct services listed could be expanded to include a mutual aid focus. For example:

DIRECT SERVICE	MUTUAL SUPPORT NETWORK
Telephone reassurance—a volunteer caller contacts a number of elderly homebound persons each day to inquire about their health, any needs, etc.	Telephone reassurance—homebound people have a number of calls to make each day to one another. Roster is divided into teams of 4-6 people. Each team has a 'captain'. The captain, who is homebound, makes certain that calls are made and any referrals needed are completed.

4) Determine the feasibility of alternative approaches for a group of older people. Ask group members to identify potential elderly who might be involved in such a group. For each group of elderly persons, try to match up strengths and weaknesses of potential participants, so that each person benefits by receiving help and giving help within the group. For example: These three people live in a Senior Citizen Hi-Rise building.

- Althea Simmons is not physically handicapped but she stays at home because of fear and feels there is no place to go.
- Chuck Richards is semi-paralyzed from the waist down. He is a very sensitive and concerned person but confined to a wheel chair.
- Martha Chapman has severe vision impairment but uses the telephone very well. She used to be very active socially.

Ask the group to consider what kinds of mutual aid activities these three people could provide for each other. Each person must give and receive help.

5) Identify settings in the community where homebound or handicapped elderly live. For each setting identified, brainstorm mutual aid activities which might be incorporated in the program development for residents. List these activities in the appropriate columns on the chalkboard. For example:

Nursing Homes	Group Home for Elderly	Senior Citizen Housing Complex

6) Summarize with a group discussion the importance of mutual aid activities to older people who are homebound or handicapped.

MUTUAL AID NETWORKS FOR THE HOMEBOUND/HANDICAPPED ELDERLY

Many of the participants in field tests of this curriculum worked in settings for the elderly where it was not practical to consider self-help groups in the sense that we have been developing them in this curriculum (i.e., small clusters of people meeting together to provide mutual support and work toward resolving common problems). But there was much enthusiasm for involving homebound/handicapped and other older people who live in isolation (e.g. the rural elderly) in mutual aid networks. The key to the success of such efforts is the implementation of the helper-therapy principle. This involves careful coordination to make certain that each person who receives help also has an opportunity (and understands that he or she is expected) to give help to others.

The settings where such circumstances are likely to prevail are nursing homes and group homes for the elderly, senior citizen housing complexes, and rural communities. In each of these settings, the organizer will not be concerned with bringing people together for face-to-face interaction, but with providing the means whereby members can regularly interact with each other around problems which they have in common. The organizer's function becomes one of getting people hooked into the network, providing resource assistance where required, expediting communication, and securing special services when needed.

Several communities and groups have developed experimental projects to meet the needs of isolated people. These ideas can be adapted to foster a self-help mutual aid focus for older people. For example:

IN-TOUCH is an effective communication vehicle. The idea, developed by members of a self-help group of parents of mentally handicapped children, utilizes a network of "correspondence magazines." Organizers can adapt this idea to serve the elderly in this way. A "correspondence magazine" is a collection of letters from people who share a common condition. In the letters people discuss the ways in which they cope with conditions, ask questions and advice of readers, and share information they've learned from other sources. As each person receives the "magazine" he or she reads all of the parts and then writes a letter of his or her own. This letter is used to replace the last letter which is then discarded.

The magazine circulates continuously with each person receiving up to a dozen letters every few weeks but writing only one. Some of the magazines from the In-Touch group have been circulating for years and there is a great feeling of friendship and interest with the groups even though the people have never met. The organizers of an In-Touch group would be responsible for:

- getting people hooked into the network;
- assisting members in developing letters until they feel comfortable doing it alone;
- devising means of having letters read to and written for people who are unable to do this for themselves; and
- soliciting funds for stamps and other consumable supplies.

LIFE-LINE is a communication system for a group which is scattered over a large geographical area. A group of parents of children with cancer developed this innovative approach to assist members fo communicate in periods of particular stress and upheaval. The Life-Line is a telephone credit card number which all group members receive and which they are free to use to call other members for information, support, and sharing.

The Life-Line concept can be adapted for use by the elderly and can be tied into the In-Touch system mentioned above. Many older people in institutions do not have access to a private telephone and others who do have private phones cannot afford large telephone bills so they tend not to utilize the telephone for lengthy conversations. The Life-Line group found that most calls last approximately one hour and are usually used for emotional support in a crisis situation. The bill for the group's 70 members spread over a 50-mile radius averages $125.00 per month and is paid for from the group's treasury. The Connecticut group was able to obtain funding for the Life-Line from a local foundation.

The organizers of a Life-Line among older people would be responsible for:

- getting people hooked into the system;
- devising a system for keeping track of calls to verify the billing;
- soliciting funds to pay for the credit card; and
- coordinating with the telephone company so that local calls (sometimes called message units) as well as toll calls can be billed to the Life-Line.

SELF-HELP GROUPS IN INSTITUTIONAL SETTINGS

Even though nursing home patients and residents of Senior Citizens' housing complexes are often disabled, it should not be assumed they are incapable of functioning in a group. There is much evidence to support the need for continual involvement of the elderly in living situations that provide mental and physical stimulation. Often the institutional setting provides group activities with only a recreational focus. Problems of social adjustment, depression, fear and coping with chronic illness are left to professional therapists or not dealt with at all. Self-help mutual aid groups can and do deal with such problems. Two examples are:

- In a nursing home setting new patients are welcomed by a committee of long-term patients. The welcoming is designed to not only help socialize newcomers, but to provide long-term patients with the opportunity to be involved in worthwhile work. The welcoming committee also suggests ways in which services in the home can be improved and discusses problems with patients to bring to the attention of the staff. Reports on this experiment indicate that patients are eager to serve on the committee and have their turn at leading meetings. The staff reports that newcomers make the transition to nursing home living more easily.

- In a senior citizen high-rise, a social worker reported that attempts to start groups had not been successful because it was too difficult to get residents to the recreation room on the lower level. The complex consisted of two 18-floor towers which were connected by an enclosed breezeway on each floor. The building was designed to accomodate disabled people and had bars along the walls. In each breezeway there were benches to sit on. The social worker noticed that people who did not even come downstairs to the mailboxes were often seen sitting on the benches in the breezeway.

Many of the problems experienced by the residents were of a social nature and most complained of too much gossiping. The social worker decided to organize small group meetings in the breezeways of several floors. While interpersonal conflicts among neighbors didn't surface as the primary concern of residents, people began to identify some of the barriers to living. Once the meeting was announced and all floor residents invited, people no longer felt like the breezeway belonged to a handful of gossips. Topics of interest were discussed and gradually some cooperative efforts were initiated. Paraprofessional outreach workers were hired and trained to assist the social workers in forming new groups. An added benefit of this program was the eventual employment of senior citizens as part-time organizers.

ELECTRONIC MEDIA TO FACILITATE SELF-HELP MUTUAL AID GROUPS AMONG OLDER PEOPLE*

Radio and television have long been primary entertainment outlets for handicapped and homebound people. More recent developments, such as the marketing of cable television systems, have focused on the elderly viewer and attempts have been made to develop programming for this large viewing audience. One experiment which has special appeal to agencies considering the widescale development of self-help mutual aid groups is the utilization of interactive cable television programming.

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*Adapted from NYU-Reading Consortium (1978).

The Alternative Media Center of New York University, under a grant from the National Science Foundation, designed and tested the impact of two-way (interactive) cable television on the delivery of public services to senior citizens. The experiment was conducted in Reading, Pa. in collaboration with local government organizations and the cable television company. Reading is an industrial city of 87,643 people, 16 per cent of whom are senior citizens. Three neighborhood communication centers (NCCs) were linked together via two-way cable to comprise the experimental system. The NCCs were located in a multi-service center and two senior citizen housing projects. The NCCs were equipped with small studio television cameras and large monitors which allowed two-way communication among the three centers.

Converters (cable television boxes affixed to regular television sets) were installed in the private homes of 117 elderly citizens so they could view the cable programs on their home sets and participate by telephone. The response of the home viewers to the interactive system was so positive that it was decided to carry the programs over a regular cable channel so that all 35,000 local cable subscribers could view the programs and participate by telephone. The offices of the mayor, city council members, and county commissioners were connected to the interactive system on a regular basis. Other agencies, schools, and nursing homes were linked on a rotating basis.

Senior citizens used the two-way cable system to obtain the services they wanted from both the public and private sectors, as well as from each other. For example, although a number of seniors requested information on preparing wills, the publicly supported legal services agency was not permitted to provide such counsel. As a result, local attorneys in private practice were sought and donated their time for a program on the preparation and execution of wills. In addition, seniors produced programs in which nursing home operators and directors of funeral homes participated.

One of the most distinctive features of the two-way system was the opportunity provided for peer counseling programming on such personal issues as sex, insomnia, and when to stop driving a car. Informal counseling of this type appeared at all times and through all programming. Seniors themselves acted both as consumers of public services and as producers of more than four hundred hours of interactive programming over a period of fourteen months.

This program description may stimulate agencies to consider the implications of interactive cable television in the development of self-help mutual aid groups among older persons in their communities. The results of the experiment in Reading indicate that such possibilities are very real. The project report states that:

- Eighty-four percent of the frequent attendees at the NCCs said that the two-way cable programs had resulted in making or renewing friendships for them. The project helped to form a community context in which the elderly could meet and talk.
- Close to half of the home viewers with converters reported that they viewed the cable programs with other people in their homes. One woman reported that 8 or 9 persons regularly came to her home to participate in the programs.
- A 77 year-old woman, once active in politics, moderated the weekly citizen-government teleconferences. Most of the social service cable programs were coordinated by a retired social service worker. The interactive cable system provided an opportunity for the elderly to engage in activities which drew upon the skills and training they had acquired over a life-time and to develop new skills as well.
- Participants felt that the programming had reduced isolation and served as a source of human contact. Agencies regard the interactive cable system as an innovative means of providing outreach services which are otherwise conducted through staff visits to individuals and community centers.
- Municipal and county governments view the cable as a way of obtaining citizen feedback on public policies and programs. Service agencies utilize the two-way programming to disseminate information to clientele who are harder to reach.

Organizers who live or work in communities with cable television facilities should explore the use of such facilities in developing self-help mutual aid groups.

PART V.

INCREASED TRAINING CAPABILITY WITHIN AGENCIES/ORGANIZATIONS SERVING OLDER PERSONS

INTRODUCTION

As we stated earlier, we believe that most of this training curriculum can be delivered by persons who have had little extensive experience in conducting training sessions. While previous training experience may be helpful, it is not absolutely essential. In the previous parts, we discussed a wide range of subjects related to the content of training in self-help mutual aid. Here in Part V, we discuss in detail some of the practical and logistical considerations involved in planning and implementing this training program.

We have aimed Part V particuarly at those who have had little experience in any kind of training. But the material here should also serve as a good review for those who have been trainers before. Part V also discusses many of the particular training techniques referred to in earlier parts of the text. It shows how these techniques can be used and includes several examples. Finally, we conclude Part V with a discussion of how the task analysis approach (which we used in developing this self-help curriculum can be used to design relevant training sessions on topics not covered here. In effect, we will give you the tools to go out and develop your own sessions to meet your own needs. And if we can succeed at that, we will not only have encouraged the self-help mutual aid approach among groups of older people but also a similar kind of approach within the agencies using this training.

PLANNING TRAINING SESSIONS

The first task in delivering a comprehensive training program for organizers of self-help groups among older people is the careful planning of the training sessions. In effect, the person responsible for training must perform many of the same functions the organizers of self-help groups perform in order to build successful groups.

There are several layers of tasks that need to be carried out:

5. TECHNICAL ASSISTANCE/FOLLOW UP
4. DELIVERY OF TRAINING CONTENT
3. RECRUITMENT AND SELECTION OF PARTICIPANTS
2. DEVELOP AGENDA, TRAINING STAFF AND RESOURCE PERSONS
1. ASSESSMENT OF AGENCY/COMMUNITY INTEREST AND COMMITMENT

SECTION 1: ASSESSMENT OF AGENCY/ COMMUNITY INTEREST AND COMMITMENT

As the lead trainer, you will want to present the administrative staff of your agency and other community leaders with a well-designed plan for building self-help groups among older people. Take the time to plan on paper exactly what you propose to do. You will want to consider several factors:

- *What agencies serving older people should be invited to participate?* Self-help groups can meet many needs in the areas of health, consumer education, and safety. Hospitals, nursing homes, associations for handicapped persons, veterans organizations, area agencies on the aging, senior centers, governmental agencies, and service groups are among those who may be invited to participate in the training. List the agencies/organizations in your community to contact.
- *Who in these agencies might participate?* A *staff person* with the flexibility in scheduling work load to permit time for training and whose job function is related to group work, outreach or program planning would be best. *Volunteers* play important roles in agencies and are often more able to devote the time required for training. *Clients* who receive services from an agency are also good candidates for training. Who is the best person to participate from each of the invited agencies?
- *Where will the training be conducted?* Logistics play an important role in a successful training effort. A large space with movable seats for flexible groupings is good. You may also want to secure two or three small rooms for work areas when the training design calls for small group work. Sometimes when intensive training is planned (everyday for several hours each day) training is held at a conference center, camp, or college campus away from the community. This type of training event requires precise advanced planning including attention to details of transportation, meals, and housing. These arrangements frequently require funds for rental of the facilities which are budgeted or payment of a registration fee by the participants. When training is held at an agency or community site where other activities are scheduled, the planning should consider how telephone calls, messages, and group privacy for concentration will be handled.

SECTION 2: DEVELOP AGENDA, SELECT RESOURCE PERSONS AND TRAINING STAFF

- *How will the curriculum be implemented?* Each session outlined in Parts III and IV was designed to be free-standing, allowing flexibility in structuring the workshops. Therefore, depending on the number of participants, the goals of the training, and the resources available, several alternatives for implementing the curriculum exist.

  For example, the New York City field test was developed on a thirteen week model. The forty-one participants met together for the first week which consisted of five days of training. For the first three days of training the content was general, followed by one-half day each of an overview of self-help in health, consumer education, and safety. At the end of this five day intensive training week, participants selected an area of concentration—health, consumer education, or safety. During each of the subsequent twelve weeks, each of these cluster groups met for half-day sessions. The content for these half day sessions was structured around participants' experience in building self-help groups, as well as including planned material to increase the organizer's knowledge and skills in his/her specific area.

(See agenda for New York City workshops in appendix).

Other workshops conducted during the field-test period were much shortened versions of the thirteen week model. When the time constraints require that the curriculum be collapsed, we suggest something similar to the model developed for the Mayor's Commission on Aging in Cleveland, Ohio (see agenda for Cleveland training session in appendix).

Other plans might include:

- Day-long sessions each week for a longer period of time (17-20 weeks).
- Two week intensive training with 1 day a month follow up for 3 months.
- Content organized around one topic only combining the generic and specialized content.

Fill in time slots and topics on the scheme below to begin organizing your agenda.

	Time Periods					
Days						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

- *Who will serve as resource persons for specialized content areas?* Throughout the curriculum, staff persons and community resource persons have been referred to by job title or profession as persons who should be able to conduct a session in a special field. The lead trainer, who has responsibility for implementing the curriculum, should attend all sessions to provide continuity. When contacting a potential resource person, review the agenda, training design, suggested format and content guide to be certain the person knows what is expected.

The resource people who conducted sessions in the New York field-test training were experts in their fields and had some knowledge of or experience with self-help groups. They included:

- a graduate student in public health administration who had sponsored a self-care group in health for members of a senior center;
- a retired public school superintendent who had conducted industry sponsored consumer education classes and market surveys about the older consumer;
- a staff member from the Senior Citizens Anti-Crime Network with extensive knowledge of the criminal justice system and the problems of older people;
- the director of a consumer education project, Seniors Teaching Seniors, itself a mutual aid effort;
- a medical student and part time instructor at a college for retired people.

In Cleveland, Ohio, the following people participated in the sessions:

- a nurse from the free clinic where self-help groups for hypertensives were active;
- a safety specialist from the Ohio Commission on Aging who helped to organize mutual aid projects all over the state.
- the City Director of Consumer Affairs who had organized a self-help group to fight consumer fraud and unfair merchandising practices.

Look around! Do you see some very involved people who might serve as good resource people in your training sessions?

What other staff persons might assist in the training?

A ratio of one trainer for every 12-15 participants will assure that each participant will be able to get whatever attention is needed from the trainer. For a group of twenty or more trainees, co-training—two or more trainers conducting a session—is good for adequate group management, fielding questions, and assistance with small group activity and training logistics.

The co-training concept provides an additional mutual support model for self-help group organizers and, when sessions are scheduled for several hours a day over many weeks or months, helps to prevent 'burn-out' a syndrome which occurs after too much intense involvement with a group. The implementation of this curriculum may provide an opportunity for a 'training of trainers' model for an agency trying to beef up its training staff.

SECTION 3: SOME CONSIDERATIONS FOR RECRUITMENT AND SELECTION OF ORGANIZERS

- *Recruitment of participants.* Will participants be staff members, community volunteers or both? This depends on the extent to which your agency is committed to using self-help mutual aid groups as a means of providing services in meeting the needs of the elderly. The lead trainer should work very closely with the administrative team to determine what the scope of the training will be.

  In Cleveland, for example, all thirteen outreach workers from the Mayor's Commission on Aging and some supervisory staff participated along with an equal number of their counterparts from other agencies serving the elderly. When several staff persons are involved, some considerations related to recruitment will include:

  - work coverage;
  - scheduling.

We encourage the recruitment of both staff and volunteers. Staff persons should be recruited on the basis of:

- job function;
- interest and energy;
- experience in working with groups.

Volunteers should be recruited on the basis of:

- commitment to organizing a group or groups;
- availability for training;
- interest and energy;
- experience with groups.

In organizing a field-test of this curriculum, the recruitment process involved one or two staff people who did the following:

- met with directors of local agencies to explain the project and request support in assigning field staff to participate;
- conducted information meetings with representatives of various agencies to request support and names of people to participate; and
- conducted an 'advertising campaign' to recruit community volunteers.

(See sample poster and application form in appendix.)

- *Selection of Participants.* Each prospective organizer completed an application form designed to be of help in the selection process by eliciting information about the applicant's view of his or her experiences, strengths in working with groups, and experience in working with older people. Other factors for consideration were the applicant's age (we actively sought older people) and availability for training. By obtaining support for the training from agency administrators and by careful assessment of each applicant's potential, the rate for absenteeism and drop-outs was kept very low. Of the forty-six participants who began the thirteen week program, forty-one completed the course.

SECTION 4: TRAINING TECHNIQUES FOR DELIVERING THE TRAINING CONTENT

Training is a process which employs various techniques to help those being trained acquire new skills and the ability to perform them in a specific setting. Effective training requires that the trainer:

- make sound judgements about the logical progression of training content;
- various techniques so that skills can be practiced in the protected training environment;
- employ the group as the strongest training resource.

At various points in Parts III and IV, we have referred to different training techniques. In the next pages we will outline them. While many of these techniques will be familiar to you, some may be new. In any case, a careful review (and perhaps a practice session beforehand, for example) using a role play will help to assure success. Once you have used the technique several times, you no doubt will adjust it to your own style.

a. Brainstorming

What is it?

"Brainstorming" is a technique designed to elicit ideas from members of a group quickly.

How is it conducted?

The trainer should tell the group the topic or task of the exercise—for example, to give the names of self-help groups in the community.

The trainer then requests and records brief responses of individual group members. These responses should be brief—either one or two words or very short phrases. (These responses are elicited on a very brief "go-round" of the group members. No time is allowed for clarification, probing or elaboration on responses. It may be necessary for the trainer to provide one or two examples to get the group started.

After the trainer has recorded all—or sufficient—responses, the responses are questioned, discussed, clarified, and refined by the group.

Example:

DEVELOPMENT OF SELF-HELP GROUPS

Trainer: Please identify self-help groups in our community

Response 1: Stroke Club

Response 2: Stroke Club

Response 3: Alcoholics Anonymous

Response 4: Weight Watchers

Response 5: Over-Eaters Anonymous

Response 6: Gamblers Anonymous

Trainer: Do we agree that all of the groups listed are self-help groups?

Group Response: Yes. (If the group response is "no" the list should be amended accordingly.)

Trainer: (For each self-help group, in succession, ask questions and record responses)

1. What problem led to the creation of the group?
2. How do the group members work on the problem?
3. How does the group get results?
4. Why do these methods seem to work?

b. Guided Group Interaction

What is it?

"Guided Group Interaction" (or GGI, as it is sometimes called) is used by a trainer who seeks to draw some conclusions—with the group—about common characteristics of phenomena in the group's experience.

How is it conducted?

The trainer should guide the discussion or reading, with a view toward identifying—after the discussion or reading—common characteristics of the elements that have been discussed or read about.

The trainer asks the group: "What do phenomena, x, y, z, etc. have in common—in terms of items 1, 2, 3, etc.?"

Example

(Relating to the "brainstorming" exercise above)

COMMON CHARACTERISTICS OF SELF-HELP GROUPS

Trainer: What do the self-help groups which we have "brainstormed" have in common?

Response 1: The groups consist of persons with a common physiological problem.

Response 2: Gamblers don't have a physiological problem, necessarily.

Response 3: But gamblers, alcoholics and over-eaters may have a psychological problem.

Response 4: Psychological problems can often have physiological manifestations—a person may over-eat or drink too much because he/she is unhappy or lonely.

Trainer: These groups, then, were formed for the benefit of persons who have common physiological and/or psychological problems.

Trainer: (Question, responses and conclusions in succession)

What do the groups have in common about the way in which they work on the problem?

What do the groups have in common about the results they seek and get?

What are common elements among the *reasons* that the group's methods seem to work.

c. **Role Playing**

What is it?

Role playing is a simulation exercise where participants act out a real life role for a specific period of time to acquire a specific result.

How is it conducted?

Role plays can be formally structured or informally conducted. In a formal structure, participants are selected to act out clearly defined roles. In an informal role play, the trainer may say: "Let's pretend we are elderly consumers in a supermarket. . ." The group then tries to get in touch with the feelings of the people they are role playing and develops the appropriate behaviors for the situation.

Key Points

DETERMINE the aim of the role play—what the trainer hopes to accomplish during the role play session.

ESTABLISH an atmosphere of *ease* and *permissiveness* among the group. Initially, role playing may be introduced to the group without any identifying label. For example, during a problem discussion the trainer may casually ask a group member to "pretend you're that person—what would you say in that situation?"

QUESTION the group in a way that will help the participants begin to *identify* and *define* the problem situation carefully and clearly. Begin with simple problems that are of common interest to the group—the trainer can help make these problems specific.

CHOOSE the persons to participate in the role play exercise and clearly define their roles. Encourage an easy, slow, informal atmosphere. The main goal is to get people involved in the role playing.

ASSIGN a *concrete* task to the observers. For example, the observers may be asked to note gestures and other physical movements that reveal what the players are feeling.

BEGIN actual role playing. Role playing requires the participants to act as though they are involved in a real life situation. The words and actions are provided by the role players according to their own interpretations of what they *should be*.

STOP the role playing when the appropriate point has been made or demonstrated. Role playing should be used sparingly. If the trainer feels that the players do not clearly understand the described situation, and appear to be fumbling, he/she should then stop the role play and discuss with the group the reasons for the lack of understanding

GUIDE the group discussion and evaluation after the session is finished. For example, if the session is intended to teach a skill, then the group may discuss the skill and evaluate its effectiveness. A careful analysis of actions and emotions should follow the role play exercise.

d. **Instrumented Exercise**

What is it?

Instrumented training is a technique best used to build group unity and spirit, to develop leadership styles, to "teach" problem-solving skills and to make a group aware of how it makes (or does not make) decisions.

How is it conducted?

During the first part of an instrumented training exercise, the trainer is not in the room. The group works out ways to solve a particular problem on its own. After a specified amount of time, the group meets back with the trainer and they discuss both the solution or decision and how the group arrived at it.

Before conducting an instrumented exercise, the trainer should:

- Prepare an exercise to be distributed to each trainee, or to a group on a chalkboard or chart. The exercise should focus on a problem. It should be relevant to the experience of the group. Directions about what to do should be written out. Some suggestions which the group might think about as aids in solving the problem can also be written.
- Explain the exercise to the group and answer any questions about it. Before leaving the group, the trainer should set a time limit. The trainer should not in any way indicate how the group should get started, but may offer a suggestion in the written instructions (e.g., "appoint a discussion leader").
- The group works on producing a product (completing the exercise) as well as developing roles of group members.
- When the time alloted has elapsed, the groups return to the main training room. Each group reporter describes what their group worked on and how the group performed.
- Evaluate the session after the time is up by:
  - — conducting an oral, shared evalution of what roles each member took in helping or preventing the group to come to a solution.
  - — distribute a prepared evaluation form to be completed by each group member. This may be a rating scale (Fair/Good/Poor) or a scale for each member to rate another member as being either cooperative, resistant, or dominating.

Example

On p. 31, the training design calls for an instrumented exercise to design strategies for handling consumer problems where group action is required. An instrumented exercise for this situation might be:

Instructions: Each small group should select a recorder and reporter or a discussion leader if desired. Thirty minutes will be alloted to complete this exercise.

Problem: An elderly consumer wishes to file an action against a department store because he continues to be billed for an air conditioner he never received. The merchandise was ordered. When it did not arrive after 6 weeks the customer cancelled the order and purchased the air conditioner from another dealer. He says the order was cancelled in a letter, but he did not keep a copy of the letter. The store insists the merchandise was delivered and until it can be otherwise proven, the customer is responsible for the bill.

Guidelines: What action should the group take in the interest of resolving the customer's complaint? Identify the steps in sequence.

e. The Four Step Method

What is it?

The four step method is a technique for introducing a skill which can be demonstrated and practiced by the group in the training setting.

How is it conducted?

Step 1: *Explain.* Prepare the trainees by stating clearly the purposes and process of what is being taught and what they will be expected to remember.

Step 2: *Demonstrate.* Show the trainees exactly how to perform an activity or an operation. Talk about what you are doing as you demonstrate.

Step 3: *Exercise.* Allow trainees the opportunity to try-out and test each new skill until they feel confident that they have learned it.

Step 4: *Evaluate.* Review the key points and allow for a brief summary from the trainees.

Example:

(Explain) Trainer: I'd like each participant to learn the correct way to carry a handbag. A handbag should be small enough to be held in the crook of your arm and held tightly against your body. The handbag should have a carrying strap no longer than 18 inches.

(Demonstrate) Trainer: Demonstrate the correct procedure for holding a handbag. Would someone volunteer to try and grab the handbag from me from behind? Trainer: As you can see, I am able to hold the handbag and keep it from being snatched.

(Exercise) Trainer: Let's pair off and one person hold the handbag while the other tries to snatch it away.

(Evaluate) Trainer: How did we do?

Member 1: O.K. But what about a shoulder bag?

Trainer: Shoulder bags are easy to snatch and the strap is long enough to allow the perpetrator to use it for strangling and other sinister purposes.

Member 2: I couldn't even see where my partner's bag was.

Trainer: Carrying a bag in this manner makes it more obscure, etc.

f. Buzz Groups

What is it?

A buzz group is a small group discussion around a specific topic. Its name is derived from the buzzing sound which occurs in a training setting when a large group is divided into several smaller ones.

How is it conducted?

1. *Divide* a large group into smaller groups of 3 or more. (Each group should be no larger than 6). Have each group choose a person to lead the discussion and keep a record of key points.
2. *Summarize* the topic to be discussed—this usually will have arisen from a large group discussion and will have high interest. Tell each group to discuss their opinions and comments, and set a 10 to 15 minute time limit.
3. *Listen* to each discussion leader's summary of the comments, opinions and, when relevant, decisions made by the groups. Point out similarities and differences and discuss the reasons for these.
4. *Plan follow-up* activities. If the purpose of the buzz groups was to solve a problem, a vote may be taken or teams assigned to try-out some of the alternative suggestions. If the purpose was to encourage trainees to share opinions and discuss a problem or dispute in depth, trainees may want to interview outside people to find out other opinions or research the facts to support their own opinions.

g. Tower Game

What is it?

At times, real life situations are either too threatening or take too long in developing to present the point needed in an exercise. Learning games can often be very helpful in these situations.

The Tower Game is such a learning game. The Tower Game is a simulated exercise to demonstrate key points about task group functioning.

How is it conducted?

- Divide the participants into clusters of 5 to 8 people
- Provide each cluster with the following materials:

  1 roll scotch tape
  2 packs of 3″ x 5″ index cards
- Tell the groups they will have 20 minutes to perform a task—the instructions for which will be written clearly on the board.
- Remind the group of the roles and responsibilities of task group members (see p. 58.)
- Remind the group they are *all* to wait until the start signal is given, and must stop when told to do so.
- Trainers should act as observers of the group's work. If there are participants who do not want actively to play, they might also serve as observers.
- Print these instructions on the board: "USING THE MATERIALS PROVIDED, BUILD THE *TALLEST, FREE STANDING* TOWER POSSIBLE." Do not provide any additional instructions or attempt to clarify "free standing" or other confusing words.
- Give the start signal and provide frequent time-pressure during the exercise by saying, "only 10 minutes left," or "3 minutes to go!"
- At the appointed time, stop the exercise and assemble the large group discussion of the game.

The Tower Game is designed to force the task group to work out and implement a plan of action quickly. It simulates 'real life' situations by being purposely vague in what the final product is to be. Concepts of the 'tallest free-standing tower' vary and the purpose is to get group members to reach consensus. In addition, the word 'tallest' implies there is heavy competition among groups to be the best. Group observers should provide feedback on the following factors:

- Did all group members participate in the planning?
- Did the planning include a definite goal to be achieved?
- How were roles determined?
- What kinds of leadership patterns emerged?
- Was the group in competition with others?
- Were the group members willing to share materials and expertise on tower building?
- Did some groups change their tower designs after observing other structures? Is this okay or considered cheating?
- Did group members continue to add cards even when the tower threatened to topple?

The large group discussion should consider feedback from the observers and develop ideas about how individual and group behavior in self-help settings is similar to 'building a tower.'

h. **Case Study**

What is it?

A case study is a written account of the experiences of one or more people designed to provide organizers with real examples of how they might handle specific situations.

How is it conducted?

The trainer develops on paper the specific examples to be studied. The person, places, and events that form the heart of the problem are described in some detail. The conclusion of the event is left open and the case is given to a small group of participants to study and determine how the "story" ends. In other case studies, participants are given the entire case history and asked to determine if the case was handled appropriately or what they might have done differently. Case studies often can be developed from magazine and newspaper articles. If real case histories of an agency are used, names and identifying remarks should be changed to protect the people concerned.

Example:

Session 15, Self-Help Mutual Aid Activities for the Homebound/Handicapped Elderly calls for a case study to examine ways in which self-help groups are good for homebound people. A case study example here might be:

"Mrs. Smith is an 87 year old Black woman living alone in her 14th floor apartment in a senior citizens' high rise complex. Mrs. Smith suffers from severe arthritis which keeps her confined to her home. She had led a very active life until recent months when the arthritis became debilitating. She had been a telephone reassurance volunteer at her church until the arthritis made it too difficult to dial a telephone every day. Mrs. Smith's church sisters are very worried about her loneliness and depression. They feel that so many of the residents of the building suffer the same way and that something must be done.

How might a self-help group organizer respond to this situation?

i. **Listening Team or Listening Panel**

What is it?

Members of the training audience are selected to focus on the presentation of a specific panelists. The listener concentrates on the content of the presentor's portion of the panel discussion. The listener may take notes or use whatever means to 'hear' as much as possible from the presentor.

How is it conducted?

The listening team facilitates post-presentation discussion among trainees because it relieves them from having to concentrate on the details of the presentation. The listening team concept permits the responsibility for listening to be shared. The trainer should organize the listening team as follows:

- Ask for volunteer listeners;
- Tell listeners who the panel members are and what topics they will discuss;
- Ask the listeners to sit close enough to a panelist to hear well and be able to see gestures, etc.; and
- Advise the listener to take notes on main points and to be primarily concerned with understanding the theme of the presentation, and major points of agreement and disagreement with other panelists.

Following a panel presentation, the listeners usually conduct small group discussions around the specific topic (not the general theme of the panel presentation) of their presentor. The listening team is valuable in helping group members analyze points of view of guest presentors.

Example:

Panelist A gives an overview of the public utilities commission and identifies many ways in which the commissioners monitor the utilities for the benefit of senior citizens.

Panelist B represents the merchant's association and assures the participants that business people are the best monitors of their practices and policies.

Panelist C is a consumer agency representative who explains that the agency's existence was predicated on the failures of traditional groups to obtain a fair break for the consumer.

Listener A summarizes the presentation and raises some questions for discussion by the group, e.g.:

> What effect does the political appointment of commissioners have on their ability to support consumers?

Listener B takes notes and notices that not all merchants belong to the association and the association has no legal responsiblity to resolve consumer complaints. This listener focuses the small group discussion on the role of consumer groups in educating consumers about merchants who do not subscribe to the policies of the merchant's association.

Listener C suggests that the consumer agency has the legal responsibility for addressing consumer issues. This listener notes that the existence of the agency is not well known and consumers are required to appear in person to lodge complaints. The listener chooses the discussion topic, "How can we get more senior consumers to utilize the services of this agency?"

j. Force-Field Analysis

What is it?

Force-field analysis is a systematic approach to assessing the pros and cons of a given situation or the driving and restraining forces involved in solving a problem.

How is it conducted?

This exercise can be conducted with individuals or small groups.

- Distribute an exercise sheet that is designed like this:

Force Field Analysis
Problem: ____________________
____
____
____
____

Pros (Driving Forces)	Cons (Negative Forces)

- Suggest a time frame in which to complete the exercise.
- Advise the group to identify the problem and then to refine it so that the problem is stated in a manner that leads to solution.
- Brainstorm all of the pros or driving forces in the appropriate column. A driving force is one that will move the problem toward resolution—a positive force.
- Brainstorm all of the cons or restraining forces in the appropriate column.
- Trainees must then develop a means of overcoming or neutralizing the restraining forces. The group should be encouraged to "play" with the items listed to determine:
  - — Which driving forces wipe out or neutralize which restraining forces? (cross off the restraining ones).
  - — What kinds of strategies need to be employed to reduce or minimize other restraining forces?
  - — Do the remaining driving forces constitute a strong approach for resolving the problem as stated?
  - — Should the problem be reconsidered and restated to provide a stronger position?

Example:

In attempting to organize a self-help mutual aid group in a senior center, the organizer meets some adminsitrative opposition.

FORCE-FIELD ANALYSIS

Problem: How can we "sell" the administrative staff the idea of forming self-help groups to supplement the services and programs of the center?

Pros	Cons
• Staff cuts are eliminating many direct services	• Administrators feel organized groups create problems
• Self-help groups are more effective than direct services in many ways. (list ways)	• Senior citizens have not asked for any such groups
• Other agencies are doing it with favorable reports. (cite cases)	• Program plans for funding agency spells out how direct services are to be provided

k. **Problem Solving Wheel**

What is it?

The problem solving wheel (see next page) is a step-by-step guide to help groups in working to resolve complex problems. The 'wheel' helps group members to see that problem solving is a continuous group effort; when one problem is solved, new problems are identified. The circular process of problem solving then begins all over again.

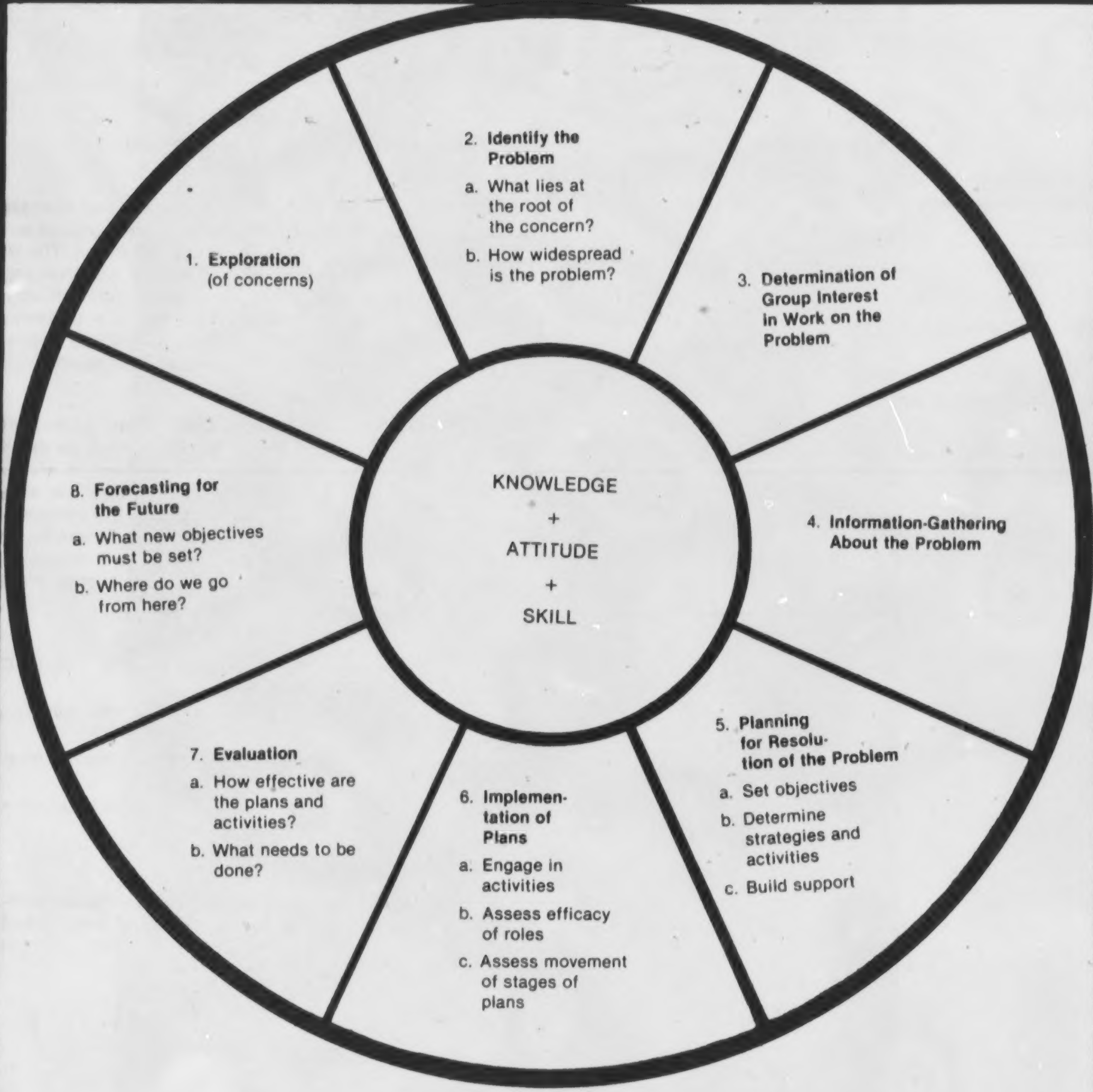
How is it conducted?

The problem solving wheel is most often used in small group settings as an instrumented exercise. The 'wheel' is distributed to group members and they are asked to 'walk' a problem through the various steps. This exercise helps trainees when they begin this process in real group problem solving settings. Trainers should explain the eight steps in the following way:

1. *Exploration of Concerns:*
    - What is the specific focus of our group?
    - What are some of the primary problems we will deal with?
    - What is one problem that we might begin with?
    - Do all members agree to work on this problem?

2. *Identifying the Problem:*

Expressed problem versus the real problem—
What lies at the root of the problem?
Dimensions of the Problem ("theoretical" and practical)—
How widespread is it?


1. Exploration
(of concerns)
2. Identify the Problem
a. What lies at the root of the concern?
b. How widespread is the problem?
3. Determination of Group Interest in Work on the Problem
4. Information-Gathering About the Problem
5. Planning for Resolution of the Problem
a. Set objectives
b. Determine strategies and activities
c. Build support
6. Implementation of Plans
a. Engage in activities
b. Assess efficacy of roles
c. Assess movement of stages of plans
7. Evaluation
a. How effective are the plans and activities?
b. What needs to be done?
8. Forecasting for the Future
a. What new objectives must be set?
b. Where do we go from here?
KNOWLEDGE
+
ATTITUDE
+
SKILL

Whom does it affect and how?

Is it a problem that this group can handle?

Is it a problem in itself or only a manifestation of some more basic problem?

Does the problem overlap social subsystems? In other words, what other agencies or institutions might share responsibilities both for the existence of the problem and its resolution?

- What other problems are likely to be created by the resolution of this problem?
- To what extent can these problems be anticipated and avoided?
- What related problems must be attacked simultaneously?

3. *Determining Group Interest in Working on the Problem:*

- Is this a problem that we can reasonably hope to deal with?
- Do we want to attempt to resolve this problem?

4. *Information Gathering:*

What we need to know and why?—

- What date?
- How long has this been a problem?
- Have other community groups attempted to resolve this problem?
- If so, what have been the successes and failures and why?

What sources are available for the information we need?—

- Community assessment
- Community groups
- School staff
- Board of Education
- State capital
- Washington
- Word of mouth
- Letters and other documents (such as minutes of meetings, court rulings and legislation)

What new or related problems have we uncovered?

5. *Planning for the Resolution of the Problem:*

A. Setting Objectives:

- Are we viewing the problem in harmony with the real needs of the community?
- Should we work on the total problem or some part of it?
- What can reasonably be attacked now and
- What must be deferred?
- What are our strengths?
- What alliances are possible?
  with other groups?
  with the community?
- Who are their representatives?
- What relative power do they hold?
- Who is the opposition?
  groups?
  individuals?
- What kinds of pressures must be applied to achieve our objectives? How?

B. Determining Strategies and Activities:

- What kind of organization is necessary to carry out the program?
- What resources are needed?
- How can support be developed and maintained?
- How can opposition be won over, neutralized, or defeated?
- How can indifferent individuals or groups be won over or kept neutral?
- How can conflict be handled so as to gain allies, neutralize potential opposition and keep opposition from gaining allies?

C. Building Support Among Other Groups, Institutions and the Community:

- By disseminating information such as flyers, posters, newsletters
- By using word of mouth
- By using the media
- By attending meetings
- In private conferences with supportive representatives (often involves procedures for negotiation)

6. *Implementing the Plan:*

- Keeping the total group informed of developments
- Making necessary changes as subgroups and individuals discharge their responsibilities

7. *Evaluation of the Action:*

- Assessing total plan and assumed roles
- Making necessary changes

8. *Forecasting the Future:*

- What new problems or objectives?
- Where did we succeed? Why?
- Which of these new problems can we do and do we want to handle?

(Begin problem solving process all over again.)

DESIGNING TRAINING SESSIONS NOT OUTLINED IN THIS CURRICULUM

Trainers of organizers may want to develop sessions which have not been included in this curriculum or to reorganize the content of some of the sessions found here. For these purposes it may be helpful to be acquainted with the process of task analysis utilized to develop the training designs in this curriculum.

Task analysis is the process of dividing a job into its various parts. In this instance, we examined the job of "organizer of self-help groups among older persons" to determine what the person performing this job would need to know and be able to do [skills] in order to fulfill the tasks [job activities] of the position. Since the position of "organizer" does not actually exist, we simulated many of the possible phases of the worker's activity and drew upon our experience in the field of community organizing. This process involves developing a comprehensive list of all the separate behaviors employed in carrying out a job function. Each task on the list is recorded on a separate chart and then analyzed in very specific ways.

A sample task analysis chart looks like the one at the top of this page.

The information to be included in each column is further described as:

Activities—The behaviors required by the organizer must *do* and *perform.*

Conditions—The *circumstances* under which the task is to be performed; specifically, *when* and *how* the activity takes place.

NCTL TASK ANALYSIS CHART			SELF-HELP JOB: GROUP ORGANIZER		
ACTIVITY	CONDITIONS	CRITERIA	PRIMARY SKILLS	SECONDARY SKILLS	DESIRABLE SKILLS

Criteria—The *evaluation* of work performed based on the behaviors which are observable and measurable.

Primary Skills—The *essential* skills needed to perform the task at a minimally satisfactory level.

Secondary Skills—*Additional* skills which will prove helpful in performing the task; skills which enhance or improve the organizer's basic skills.

Desirable Skills (or qualities)—More complex skills which cannot necessarily be acquired through routine inservice training but are reflected in the organizer's performance.

An analyzed task for an organizer of self-help mutual aid groups among older people appears on the following page.

When each task has been analyzed, it is then possible to consider the primary and secondary skills columns as the source for content of training sessions. The trainer identifies skills which have similar qualities in that they:

- Can be trained for in organized session,
- Are related to a central theme,
- Can be arranged in a logical progression—usually from simple to more complex; from those immediately useful to those needed "down the road"

After these skills have been grouped in categories, a training design is developed for each grouping. A blank training design form which can be removed and duplicated is found on page 149.

ACTIVITY	CONDITIONS	CRITERIA	PRIMARY SKILLS	SECONDARY SKILLS	DESIRABLE SKILLS
Conducts initial meeting of self-help groups for older persons	WHERE: Agency, church, community center, nutrition site, or other appropriate meeting place. HOW: • Welcomes each person to meeting and introduces self and others • Provides brief orientation on purpose of meeting • Discusses purpose of self-help group and suggests various roles of members • Answers questions when they arise and encourages group members to be resourceful right from the beginning • Assists members in identifying group goals and procedures for achieving them • Emphasizes by words and actions concepts of shared leadership	Was each person greeted by name and given opportunity to introduce self to group? Did organizer state purpose for the meeting and provide overview of how self-help groups work? Was organizer able to answer questions and to encourage group to seek its own answers? Was organizer able to help group determine some of its immediate goals and procedures for reaching goals? Did organizer assume autocratic leadership position?	Ability to establish rapport with unfamiliar people Ability to help others feel comfortable and relaxed Ability to answer questions about practices of self-help groups and roles and responsibilities of members. Knowledge of goal formation strategies and ability to help group set goals	Knowledge of the community — its problems and resources	Sensitivity to problems of older people Commitment to self-help groups as a service delivery mechanism

SESSION TOPICS	OBJECTIVE(S)	TECHNIQUES	MATERIALS	EXPECTED OUTCOMES	TRAINER	SUPPORT SERVICES

DEFINITION OF TERMS USED IN TRAINING DESIGN

The seven categories which appear on the TRAINING DESIGN are defined below:

SESSION TOPIC

The session topic, like a course title, should indicate generally what the session is about—what the participant can expect to gain from attending this session. The selection of SESSION TOPICS is generally limited to a unit of content that can be developed in a specific time frame—usually a portion of a training day. That is, session topics should not cover a period longer than the group will be together at one sitting with lunch and breaks included. The SESSION TOPICS in this curriculum can be delivered in three to six hour training periods. When more than one day is needed, trainers should divide the content and develop a new design. Some factors which influence the determination of the time frame are:

- size of group—larger groups require more time;
- experiences of the trainees—new workers or those not experienced in working with groups may require longer time frames.

OBJECTIVES

The objectives column further describes what the participants are expected to gain from the training session. The objectives are written in a way that assures they are achievable in a training session. ("Behavioral objectives" is the technical term for this kind of writing). Begin the objectives using verbs that describe what the trainee will learn to do during the training. (For example, "to list...," "to identify...," "to develop," "to define...") Be certain that the objectives are:

- clear and concise;
- realistic and "do-able";
- attainable by instruction;
- concerned only with what is necessary for the unit of training; and
- capable of being observed and measured.

By following these guidelines, objectives incorporated in the training design can be understood by the trainer who will be responsible for the session.

Consider these examples:

- To understand the dynamics of a variety of self-help groups in meeting the needs of older people.
- To identify ways in which specific self-help groups have been organized to meet the needs of older people outlined in Session 4.

The first example above is not written in behavioral language. A trainer cannot easily (if at all) observe or measure "understanding" of the trainees. Further, the term "variety" is too vague as is the phrase "the needs of older people."

In the second example above, "to identify," describes a concrete action. You cannot observe a person's understanding, but you can see immediately whether the person can identify specific ways in which self-help groups have been organized. Participants demonstrate their understanding by doing something concrete and observable ...in this case naming specific ways.

TECHNIQUES

In the techniques column, the trainer lists the techniques which will be employed to achieve the objectives. A variety of training techniques have been described earlier in Part V. The trainer should attempt to find the best technique to involve the trainees in "activated learning." Most sessions require some lecture or discussion, but sessions are most interesting and provide maximum opportunities for learning new information and skills when techniques are employed to use the trainee as a facilitator of his or her own learning.

MATERIALS

The trainer should anticipate the materials and aids which will be needed for the training session. Such things may include printed materials, exercises, and audio-visual equipment, and such common items as pens, writing pads, scissors, etc. It is most disconcerting to have a planned activity scheduled during a given session only to discover that items needed for the training activity are unavailable.

An extra word of caution is also needed here. It is always advisable to check out the equipment to see that it is operating perfectly; to review materials and films before the training session; and to make certain that enough of the required items are on hand to insure full distribution and use.

Self-help group organizers will benefit from maintaining a log of their training experiences. For the field tests of this curriculum, participants were provided with three-ring binders. Schedules, handouts and blank pages for note-taking were added. Summary notes were taken by an observer, typed and xeroxed directly onto three hole paper after each session. In this way, each organizer was able to maintain a comprehensive log for reference after the training ended.

EXPECTED OUTCOMES

For each objective, the trainer should be able to predict what the participants will be able to do as a result of having participated in this session, using these techniques and materials. In other words, built into the design should be a statement of how participants can observe each other or be observed to determine if they have reached the objectives. A trainer, unlike a classroom teacher, does not rely on tests or other such measures. The trainer develops a method which states how to determine if the objectives have been accomplished.

Many of these expected outcomes can be "tested" in the training session to give the trainer feedback on the group's process. Role plays, discussions and question/answer periods are simple techniques which can be used at the end of a session to provide such feedback.

TRAINERS

The lead trainer or training director selects others to assist in training. The training design allows the potential trainer's name or title to be slotted in for the specific session he or she will be conducting.

Training designs should be saved and used again when needed. By having this kind of information on one chart in one place, time and energy are saved if another person is implementing the curriculum.

(For further information on the selection of trainers, see p. 135.

Resources are the additional materials or services provided to the trainees which facilitate their ability to participate effectively in the training program. These additional services may be . . .

- books and other materials not provided as training materials;
- transportation services;
- meals for seniors who normally participate in a nutrition program;
- social or relaxation activities; and/or
- counselling.

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FOR MORE INFORMATION . . .

This section lists a number of organizations and publications which may be of use to those who are interested in obtaining more information on a specific topic. We have broken this information down into the following categories: those groups and publications relating to self-help mutual aid in general; those relating to aging; those relating to health; those relating to safety; and those relating to consumer education. Each of the organizations listed also includes a brief description of its function and activities. Many of the publication references also include a short discussion of the major emphasis of the publication.

SELF-HELP MUTUAL AID IN GENERAL

Organizations

National Self-Help Clearinghouse, Graduate Center, City University of New York, 33 West 42nd Street, Room 1227, New York, NY 10036.

Publishes a free bimonthly newsletter on self-help mutual aid groups. Also publishes periodic occasional papers exploring issues in the self-help field in more depth.

Self-Help Institute, Center for Urban Affairs, Northwestern University, 2040 Sheridan Road, Evanston, IL 60201.

Conducts research and related activities on self-help topics.

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Borman, Leonard D. (editor). "Special Issue on Self-Help Groups." *Journal of Applied Behavioral Sciences*, Volume 12, Number 3 (Summer 1976).

Briggs, H. Carson. "Annotated Bibliography on Self-Help Mutual Aid, 1975-1977," *Self-Help Reports Series, Report No. 3* published by the National Self-Help Clearinghouse (address listed under "organizations" above).

Briggs, H. Carson. *Self-Help Reporter.* Bimonthly newsletter published by the National Self-Help Clearinghouse (address listed above under "organizations").

Caplan, Gerald and Killilea, Marie (editors). *Support Systems and Mutual Help: Multidisciplinary Explorations.* New York: Grune and Stratton, 1976.

Contains thirteen articles on various aspects of self-help mutual aid, including an excellent review of the literature on the subject and two articles which deal with widows' groups.

Gartner, Alan and Riessman, Frank. *Self-Help in the Human Services.* San Francisco: Jossey-Bass, 1977.

A look at ways in which self-help groups can function in the human services with chapters on self-help and mental health; emerging forms of self-help health care; how self-help works; potentials and limitations of self-help; and a discussion of new directions for self-help groups. Also contains a directory of some self-help groups.

Hichman, Marjorie Tiedemann. "Self-Help Groups and Mutual Aid Organizations of Interest to the Social Worker in a Mental Health Setting: A Selected Annotated Bibliography 1965-1977," *Self-Help Reports Series, Report No. 2* published by the National Self-Help Clearinghouse (address listed under "organizations" above).

Katz, Alfred H. and Bender, Eugene I. *The Strength in Us: Self-Help Groups in the Modern World.* New York: New Viewpoints, 1976.

Another collection of articles on self-help mutual aid. This book contains twenty-two articles with a number of particularly interesting chapters relating to the social advocacy type of self-help mutual aid group.

Robinson, David and Henry, Stuart. *Self-Help and Health: Mutual Aid for Modern Problems.* London: Martin Robertson, 1977.

Despite its title, this book does not focus only on self-help grous in the health area. It discusses a number of issues in self-help groups based upon extensive contact by the authors with a number of self-help groups in England. The book also includes a list of selected self-help groups in England.

Social Policy "Special Self-Help Issue," Vol. 7, No. 2 (September/October 1976).

Contains articles on self-help groups of women, youth, and the disabled as well as a discussion of self-care, mental health groups, and the ways grassroots self-help groups can influence the system of human services delivery.

AGING

Organizations

American Association of Retired Persons/National Retired Teachers Association, 1909 K Street, NW, Washington, DC 20049.

The largest single membership organization of older people in the United States. Has a great deal of information related to the interests of older people. Publishes *Modern Maturity*, a magazine with feature articles on various aspects of aging and coping with getting older as well as practical pieces of information on both services and legislation affecting the aging.

Gerontological Society, 1835 K Street, NW, Suite 305, Washington, DC 20006.

Organization of professionals interested in improving well-being of older people by promoting the scientific study of the aging process, publishing information about aging, and bringing together various groups of people interested in the problems of older people. Publishes two quarterly journals: *Journal of Gerontology* and *The Gerontologist*.

Gray Panthers, 3700 Chestnut Street, Philadelphia, PA 19104.

A mutual help, education, and advocacy group of older and younger people with local chapters around the country. The Gray Panthers describe themselves as "Age and Youth in Action." Many Gray Panthers groups conduct a wide variety of projects ranging from conducting research about a particular local problem to fighting for more favorable legislation for older people. National organization and some local groups publish newsletters.

National Association for Humanistic Gerontology, Claremont Office Park, 41 Tunnel Road, Berkeley, Ca 94705.

An organization which serves as a national clearinghouse of information on those who are working at incorporating principles of personal growth and holistic health in their work with older people. The Association hopes to keep people, institutions, and programs in this field in touch with one another to provide a forum for resource sharing, mutual support, and the stimulation and advancement of ideas, methods, experiences, and visions related to a humanistic approach to gerontology. Publishes a quarterly newsletter and resource listing.

National Council of Senior Citizens, 1511 K Street, NW, Washington, DC 20005.

An organization of some 3000 senior citizens clubs, associations, councils, and other groups with a combined membership of over 3,000,000 persons. Educational and action group which supports Medicare; increased Social Security, improved recreational, educational, and health programs; increased voluntary service programs; reduced costs on drugs; better housing, and other programs to aid senior citizens. Also sponsors mass rallies, educational workshops, and leadership training workshops; helps organize and develop programs for local and state groups. Encourages participation in social and political action activities; does not endorse candidates for political office but works in behalf of issues. Distributes films, news mats, special reports, and other materials. Maintains library of books and collection of materials on Medicare and other programs. Publishes monthly newsletter, the *Senior Citizens News*.

National Council on the Aging, 1828 L Street, NW, Suite 504, Washington, Dc 20036.

Membership organization which works with and through other organizations to develop concern for older people, as well as methods and resources for meeting their needs. Provides a national information and consultation center and holds conferences and workshops related to older people. Conducts research and demonstration programs and maintains library of materials relating to aging. Publishes various monthly and bimonthly newsletters and magazines, including: *Senior Opportunities; Legislative Supplement; Perspective on Aging; Older Worker Specialist; and National Institute of Industrial Gerontology Journal.*

Western Gerontological Society, 785 Market Street, Suite 1114, San Francisco, CA 94103.

An organization of professionals and others who work with and/or are older people. Holds annual meetings and sponsors various conferences and workshops on older people. Also publishes newsletters, journals, and periodic occasional papers.

Publications

Cox, Harold, (ed.) *Focus: Aging*. Guilford, CT: Dushkin Publishing Group, 1978.

A 247-page reader on aging crammed full with nearly 50 articles on various aspects of aging excerpted from many different books and periodicals. An excellent single-volume work on aging interesting in itself and useful as a reference.

National Council on the Aging. *Publications List*. Washington, DC: National Council on the Aging, 1978.

Lists many fine publications and documents published by NCOA. Gives a good overview of some of the material available in the field of aging.

National Council on the Aging and the Advertising Council. *Facts and Myths About Aging*.

Washington, DC: National Council on the Aging, 1976.

Through words and pictures, this public service booklet destroys many stereotyped assumptions Americans have about aging and urges a new look at contributions older persons can make.

National Council on the Aging/Louis Harris and Associates. *The Myth and Reality of Aging in America*. Washington, DC: National Council on the Aging, 1975.

Extensive study documents, in easily readable text, tables and comment, the public's attitudes toward aging, its perception of what it's like to be old in the U.S. and views and attitudes older Americans have about themselves.

U.S. Department of Health Education, and Welfare, Office of Human Development, Administration on Aging, National Clearinghouse on Aging. *Aging* (published bimonthly).

Bimonthly magazine featuring a wide variety of articles related to aging. Subscriptions cost $5.05 per year.

HEALTH

Organizations

Action on Smoking and Health (ASH), 2000 H. Street, NW, Suite 301, Washington, DC 20006

A national legal action organization designed to take effective action against problems caused by smoking. Has undertaken a number of campaigns to protect the rights of nonsmokers, including one action which resulted in a federal regulation requiring that non-smoking airline passengers be accommodated in non-smoking seats. Publishes bimonthly newsletter as well as periodic news and information releases.

American Public Health Association, 1015 18th Street, NW, Washington, DC 20036

Organization of public health workers which often concerns itself with federal legislation concerning health policies. Publishes well-prepared legislative updates on the status of health legislation.

Blue Cross Association, 840 North Lake Shore Drive, Chicago, IL 60611.

This association of local Blue Cross agencies also publishes a number of useful pamphlets on various aspects of health care. Write for their publications list.

Group Health Association of America, 1717 Massachusetts Avenue, NW, Washington, D.C. 20036.

Association of organizations and individuals who support group practice payment and other consumer-oriented health plans. Publishes numerous leaflets and pamphlets as well as the monthly *Group Health and Welfare News*.

Health Policy Advisory Center, 17 Murray Street, New York, New York 10007.

Concerns itself with all kinds of implications related to the health care system. Publishes periodic reports and analyses about health care in general as well as health care policies.

Metropolitan Life Insurance Company, 1 Madison Avenue, New York, NY 10010

In addition to selling life insurance, this company publishes many small, easy-to-read pamphlets on various health matters.

U.S. Department of Health, Education and Welfare, Public Health Service, 5600 Fishers Lane, Rockville, MD 20852.

Write to the Public Health Service for their listing of pamphlets.

Publications

Medical Self-Care Magazine. Published quarterly. (Order from Medical Self-Care, Box 717, Inverness, CA)

An excellent quarterly publication which features reviews of the flood of self-care books now appearing on the market. Edited by Tom Ferguson who began the project to fulfill his requirements for the MD degree at Harvard Medical School.

Sehnert, Keith W. *How to Be Your Own Doctor (Sometimes)*. New York: Grosset and Dunlap, 1975.

Now available in paperback, this book is very handy for those wanting detailed information on many different health problems.

SAFETY

Organizations

The best single organization to contact for more information about safety is your local police department. Establishing a good rapport with the local police department is important and essential in setting up a safety self-help group. If you would also like to consult some other organizations, a few are listed below.

American Federation of Police, 1100 NE 125th Street, North Miami, FL 33161.

Publishes *Police Times* magazine as well as a membership newsletter.

International Association of Chiefs of Police, 11 Firstfield Rd., Gaithersburg, MD 20760.

Police executives' organization which provides consultation and research services in all phases of police activity as well as publishing the monthly magazine *Police Chief*.

National Association of Citizens' Crime Commissions, 52 Fairlane St., NW, Suite 304, Atlanta, GA 30303.

An organization of crime commissions not affiliated with local, state, or federal governments. Facilitates exchange of mutually helpful information between membership commissions. Holds annual meeting.

National Council on Crime and Delinquency, Continental Plaza, 411 Hackensack Avenue, Hackensack, NJ 07601.

Organization of social workers, prison officials, judges, and others interested in probation, parole, juvenile and family courts, detention services, etc. Sponsors professional training institutes, maintains a 6000 volume library, and is a research and information center on crime and delinquency. Publishes several different newsletters and journals.

Publications

Clemente, Frank and Kleiman, Michael B. "Fear of Crime Among the Aged," in *The Gerontologist*, June 1976.

Forston, Raymond and Kitchens, James. *Criminal Victimization of the Aged: The Houston Model Neighborhood Area*. Denton, TX: North Texas State University, 1974.

Goldsmith, Jack. "Community Crime Prevention and the Elderly: A Segmental Approach," in *Crime Prevention Review*, July 1975.

Goldsmith, Jack and Tomas, Noel E. "Crimes Against the Elderly: A Continuing National Crisis," in *Aging*, June/July 1974.

Hindelang, Michael. *Criminal Victimization in Eight American Cities*. Washington DC: Law Enforcement Assistance Administration, 1975.

Pope, Carl E. *and* Feyerherm, William. "A Review of Recent Trends—The Effects of Crime on the Elderly," in *The Police Chief*, February 1976

Tighe, John H. "A Survey of Crime Against the Elderly," in *The Police Chief*, February 1977.

U.S. Congress, House of Representatives, Select Committee on Aging, Subcommittee on Federal, State, and Community Services. *Crime Against the Elderly—Hearing Held on December 13, 1976*. Washington, DC: U.S. Government Printing Office, 1977.

Pope, Carl E. and Feyerherm, William. "A Review of Recent Trends—The Effects of Crime on the Elderly," in *The Police Chief*, February 1976.

Tighe, John H. "A Survey of Crime Against the Elderly," in *The Police Chief*, February 1977.

U.S. Congress, House of Representatives, Select Committee on Aging, Subcommittee on Federal, State, and Community Services. *Crime Against the Elderly—Hearing Held on December 13, 1976*. Washington, DC: U.S. Government Printing Office, 1977.

U.S. Congress, House of Representatives, Subcommittee on Housing and Consumer Interests of the Select Committee on Aging. *In Search of Security: A National Perspective on Elderly Crime Victimization*. Washington, DC: U.S. Government Printing Office, 1977.

CONSUMER EDUCATION

Many cities, counties, and states have organized local offices of consumer protection or consumer affairs. These are particularly valuable in obtaining help when a specific consumer grievance exists. Many of these offices also publish booklets and other useful information in the field of consumer education. Some consumer affairs offices may be willing to arrange for personnel from their office to speak before your group. Check the telephone book under your city, county, and/or state government listings for the address and telephone number of your local consumer affairs office.

Another good resource to check are the various "action lines" sponsored by radio and television stations and local newspapers. Media exposure of a particularly bad consumer problem is a good way to "get things rolling" and get some action taken. Check your local media for this kind of "action line" service (it often goes under many different names in different cities).

A more traditional (but often overlooked) resource in the field of consumer education is your state or local farm bureau or local office of the U.S. Department of Agriculture Extension Service. These offices are particularly valuable in rural areas (often they sponsor senior centers in such areas) but they can also be of help to consumers in urban areas. In addition, many local junior colleges, school districts, and libraries offer courses in consumer education periodically.

When the problems of "consumer education" reach beyond the traditional goods marketplace; that is, when the problems are related to human services (such as inadequate medical care, poor care in nursing homes, skyrocketing utility rates, etc.) a good place for your self-help group to seek assistances is your local Ralph Nader-type public interest research group. Many such groups have been established on college campuses and in major cities around the country. Some additional organizations and publications are listed.

Organizations

American Council on Consumer Interests, University of Missouri, 162 Stanley Hall, Columbia, MO 65201.

Center for the Study of Responsive Law, P.O. Box 19367, Washington, DC 20036.

Consumer Federation of America, 1012 14th Street, NW, Suite 901, Washington, DC 20005.

Consumer Information Center, General Services Administration, Pueblo, CO 81009.

Publishes a quarterly catalogue listing free and inexpensive federal publications of interest to consumers. Write to them at the address above to receive a copy of their catalogue and to be placed on their mailing list.

Consumers Education and Protective Association Internationa, 6048 Ogontz Avenue, Philadelphia, PA 19141.

Consumers Union of the United States, 256 Washington Street, Mt. Vernon, NY 10550.

National Consumers League, 1028 Connecticut Avenue, NW, Suite 522, Washington, DC 20036.

U.S. Consumer Product Safety Commission, 1111 18th Street, NW, Washington, DC 20207.

U.S. Department of Agriculture, Office of Communication, Washington, DC 20250.

U.S. Department of Health, Education, and Welfare, Consumer Affairs Office, 330 Independence Avenue, SW, Washington, DC 20201.

U.S. Office of Education, 400 Maryland Avenue, SW, Washington, DC 20202.

The U.S. Office of Education, in cooperation with the Administration on Aging, sponsors a number of national programs of interest to older people including a lifetime learning, reading assistance, and consumer education training program. For more information on any of these programs, write to the address above.

Publications

Consumer Bulletin, c/o Consumers Research, Inc., Washington, NJ 07882.

Magazine which publishes product information on many different products. Also publishes *Consumer Bulletin Annual*. Both the magazine and the annual are available in many libraries.

Consumer Reports, c/o Consumers Union of the United States, Inc., 256 Washington Street, Mt. Vernon, NY 10550.

This magazine is probably the most famous consumer-oriented publication in this country. Consumers Union publishes the monthly *Consumer Reports* as well as numerous other special reports (such as their annual "How to Buy a Used Car"). *Consumer Reports* features articles comparing various commercial products but does not overlook the problems of consumerism in the human services and focuses some attention to this area (most notably in health). The magazine and other reports of the Consumers Union are available in most libraries.

"Federal Consumer Services." 4 pp., 1977. Free. Order No. 528F.

List of federal offices to contact for help with various consumer problems. Includes federal toll-free telephone numbers. Order from Consumer Information Center, Pueblo, CO 81009.

"Federal Programs to Assist the Elderly." 4 pp., 1975. Free. Order No. 633F.

Discusses income supplements, jobs, food, and medical care. Order from Consumer Information Center, Pueblo, CO 81009.

"The Food Stamp Program." 16pp., 1976. Free. Order No. 551F.

Benefits of food stamps; who is eligible and how to apply. Includes information on using stamps for meals delivered to the home. Order from Consumer Information Center, Pueblo, CO 81009.

"Your Neighborhood Consumer Resource—The Public Library." 6 pp., 1977. Free. Order No. 643F.

How to get information to help with consumer questions and problems; includes guide to books, recordings, films, periodicals, and other services. Order from Consumer Information Center, Pueblo, CO 81009.

Social Policy magazine, special issue on "Consumer Education in the Human Services," Vol. 8, No. 3 (1977).

This special issue of Social Policy magazine features a number of different articles on the subject of consumer education in the human services. Available in many libraries.

BUILDING SELF-HELP GROUPS AMONG OLDER PERSONS: WORKSHOP TO TRAIN ORGANIZERS

January 16 - April 14, 1978

Workshop Agenda

January 16, 1978 - January 20, 1978

Project Staff:
Frances J. Dory
Carson Briggs

Project Office:
Room 1227

Project Phone:
(212) 840-7619

Monday, January 16, 1978

10:00 AM	Plenary Session
Room 1437	Staff

Opening Remarks: introductions, workshop objectives, roles and responsibilities of participants, housekeeping details.

11:00 AM - 12:00 Noon	Plenary Session
Room 1437	Staff

Historical overview of the development of self-help groups; including definitions, examples of groups, exploration of mutual aid concept and helper-therapy principle

12:00 Noon - 1:00 PM	Lunch Break

1:00 PM - 2:00 PM	Plenary Session
Room 1437	Staff

Self-Help in response to the needs of the elderly: fighting ageism, advocacy, mutual aid resources for members

2:00 PM - 2:45 PM	Instrumented Exercise
Rooms 1437, 1708, 1710	Small Group Work

Self-Help in My Community: What Can It Do?

2:45 PM - 3:30 PM	Shared Feedback
Room 1437	Recorders and Staff

Information Sharing and Closing

Tuesday, January 18, 1978

10:00 AM - 12:00 Noon	Plenary Session
Room 207	Staff

Building Self-Help Groups: the organizer including a task analysis of the organizer's function; identification of group maintenance skills required; and a look at leadership in the self-help setting

12:00 Noon - 1:00 PM	Lunch Break

1:00 PM - 2:30 PM	Plenary Session
Room 207	Staff

Role play and simulated exercises:

- — selling the self-help concept
- — conducting a meeting
- — encouraging participation

2:30 - 3:30 PM	Plenary Session
Room 207	Staff

Problem census and needs assessment

Participant identification of resources and skills required to facilitate work of organizing

Wednesday, January 18, 1978

10:00 AM - 12:00 Noon	Plenary Session
Room 1437	Guest Lecturer

The older adult in the self-help setting: for organizing and maintaining groups

— Professor Beth B. Hess, County College of Morris, Dover, New Jersey; Editor, *Growing Old in America* Transaction Books)

12:00 Noon - 1:00 PM	Lunch Break

1:00 PM - 2:00 PM Plenary Session
Room 1437 Staff

Strategies for organizing older adults; overcoming diversities that might preclude participation of olders; group discussion techniques to maximize participation

2:00 PM - 3:00 PM Small Groups
Rooms 1437, 1708, 1704 Staff

Instrumented exercise on organizing strategies

3:00 PM - 3:30 PM Plenary Session
Room 1437 Staff

Shared feedback and closing

Thursday, January 19, 1978

10:00 AM - 12:00 Noon Plenary Session
Room 1437 Guest Lecturer

Self-Help in health for older persons

— Tom Wolff, Community Health Educator

12:00 Noon - 1:00 PM Lunch Break

1:00 PM - 3:00 PM Plenary Session
Room 1437 Guest Lecturer

Self-Help for olders in consumer education

— Dr. Toby Kurzband, Research Associate, Center for Gerontological Studies, CUNY Graduate Center

3:00 PM - 3:30 PM Plenary Session
Room 1437

Questions and Answers; closing

Friday, January 20, 1978

10:00 AM - 12:00 Noon Plenary Session
Room 1437 Guest Lecturer

Self-Help and safety for olders

— Paul Lanagan, Director of Training, Senior Citizens Anti-Crime Network, New York City

12:00 PM - 1:00 PM Lunch Break

1:00 PM - 2:00 PM Plenary Session
Room 1437 Staff

Participant selection of interest areas for organizing self-help groups in the community; planning for implementation of 12 week schedule

2:00 PM - 2:45 PM Small Groups
Rooms 1437, 1708, 1710 Staff, Participant leaders

Planning session for interest groups in consumer education, health, and safety

BUILDING SELF-HELP GROUPS AMONG OLDER PERSONS

Training of Organizers Workshop

Cleveland, Ohio
March 13-17, 1978

Staff:
Frances J. Dory, NCTL
H. Carson Briggs, NCTL
Hortense Mitchell, MCOA

Monday, March 13, 1978

9:00 AM — Plenary Session
Hosts and Staff

Welcome— Anna V. Brown, Director, Mayor's Commission on Aging, Cleveland, OH; and Linda Farrell, Chief Planning Officer, Ohio Commission on Aging

Opening remarks: introductions, workshop objectives, roles and responsiblities of participants, housekeeping details.

10:00 AM - 12:00 Noon — Plenary Session
Staff

Historical overview of the development of self-help groups; including definitions, examples of groups, exploration of mutual aid concept and helper-therapy principle

12:00 Noon - 1:00 PM — Lunch break

1:00 PM - 1:45 PM — Plenary Session
Staff

Self-Help in response to the needs of the elderly: fighting agism, advocacy, mutual aid resources for members

1:45 PM - 2:30 PM — Instrumented Exercise
Small group work

Self-Help in my community: What can it do?

2:30 - 3:00 PM — Shared Feedback
Recorders and Staff

Information sharing and closing

Tuesday, March 14, 1978

9:00 AM - 12:00 Noon — Plenary Session
Staff

Building self-help groups: the organizer's role; including a task analysis of the organizer's function; identification of group maintenance skills required; and a look at leadership in the self-help setting

12:00 Noon - 1:00 PM — Lunch Break

1:00 PM - 2:15 — Plenary Session
Staff

Role play and simulation exercises:
- selling and self-help concept
- conducting a meeting
- encouraging participation

2:15 - 3:00 PM — Plenary Session
Staff

Problem census and needs assessment

Participant identification of resources and skills required to facilitate work of organizing

Wednesday, March 15, 1978

9:00 AM - 12:00 Noon — Plenary Session
Staff and Taped lecture

The older adult in the self-help setting: implications for organizing and maintaining groups

— Professor Beth B. Hess, County College of Morris, Dover, New Jersey; Editor, *Growing Old in America* (via taped lecture)

12:00 Noon - 1:00 PM Lunch Break

1:00 PM - 2:00 PM Plenary Session
Staff

Strategies for organizing older adults; overcoming diversities that might preclude participation of olders; group discussion techniques to maximize participation

2:00 PM - 2:45 PM Small Groups
Staff

Instrumented exercise on organizing strategies

2:45 PM - 3:00 PM Plenary Session
Staff

Shared feedback and closing

Thursday, March 16, 1978

9:00 AM - 12:00 Noon Plenary Session
Guest Lecturer

Self-Help in health for older persons

— David Roth, Director, Free Clinic of Cleveland

12:00 PM - 1:00 PM Lunch Break

1:00 PM - 2:45 PM Plenary Session
Guest Lecturer

Self-Help for olders in Consumer Education

— Herman Cameraman, Director, Ofice of Consumer Affairs, City of Cleveland

2:45 PM - 3:00 PM Plenary Session

Questions and answers; closing

Friday, March 17, 1978

9:00 AM - 12:00 Noon Plenary Session
Guest Lecturer

Self-Help and safety for olders

— Yvonne Harden, Coordinator of Safety Programs, Ohio Commission on Aging

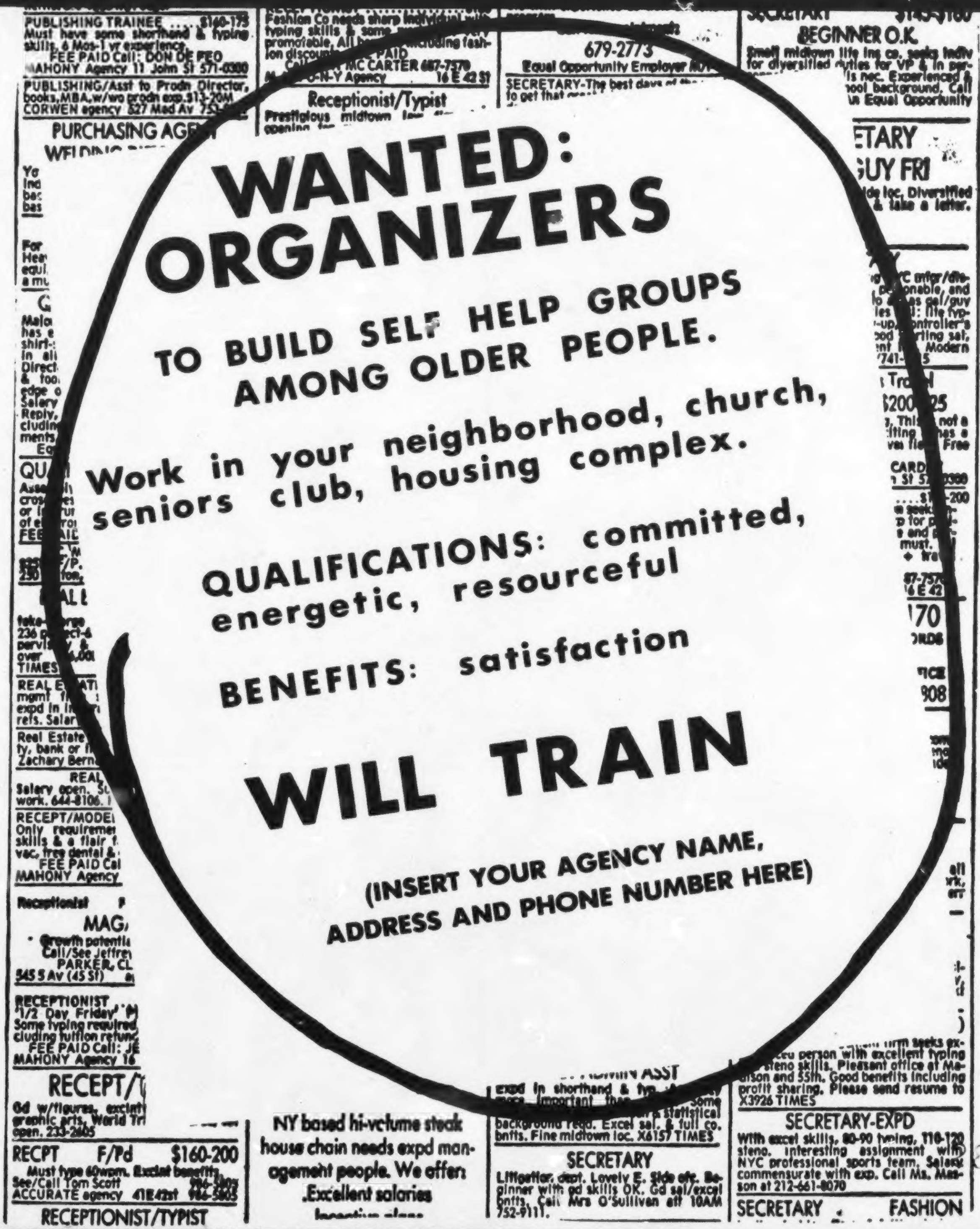
12:00 Noon - 1:00 PM Lunch Break

1:00 PM - 2:00 PM Small Groups
Staff, Participant leaders

Planning session for interest groups in consumer education, health, and safety

Questions and answers; closing

SAMPLE
RECRUITING
POSTER



WANTED: ORGANIZERS

TO BUILD SELF HELP GROUPS AMONG OLDER PEOPLE.

Work in your neighborhood, church, seniors club, housing complex.

QUALIFICATIONS: committed, energetic, resourceful

BENEFITS: satisfaction

WILL TRAIN

(INSERT YOUR AGENCY NAME, ADDRESS AND PHONE NUMBER HERE)